

Date:



**CITY OF SEDONA
TRANSIT ADVISORY COMMITTEE (TAC)**

Application for Appointment

*Please print or type
Resume may be attached, but not substituted for a completed application.*

PERSONAL INFORMATION:

Name:		
Street (home address):	City/State/Zip:	Home Phone:
Email Address:	Cell Phone:	

EMPLOYMENT:

Current Employer:		
Employer Address:		
Position:	Years at position:	Employer Phone:
Please describe your work experience and job duties:		

TAC Membership is open to public consumers of Sedona's Transit Services as well as individuals representing key organizations within the community.

Will you be representing the TAC as a consumer or as an organization?

Consumer **Organization**

Please select (x) for all categories that you or your organization/sector represent.

	ORGANIZATION/SECTOR	
1	Business	<input type="checkbox"/>
2	Education	<input type="checkbox"/>
3	Government Social Service Provider	<input type="checkbox"/>
4	Healthcare	<input type="checkbox"/>
5	Individual(s) with Disabilities	<input type="checkbox"/>
6	Low Income	<input type="checkbox"/>
7	Nonprofit Provider	<input type="checkbox"/>
8	Sedona City Resident	<input type="checkbox"/>
9	Senior	<input type="checkbox"/>
10	Student	<input type="checkbox"/>
11	Veteran	<input type="checkbox"/>
12	Youth	<input type="checkbox"/>
13	Other	<input type="checkbox"/>

INTEREST STATEMENT:

Explain your interest in this committee:

List any relevant experience or skills that will benefit this committee:

COMMUNITY INVOLVEMENT:

Please list prior community involvement:
Do you presently serve on a board or committee? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list the name of boards or committees:

Membership on this committee is open to all interested residents and/or individuals that represent key organizations/sectors within the City of Sedona subject to the qualifications determined by the City Manager or his or her designee. There shall be no discrimination of applicants based on race, color, religion, sex, age, national origin, physical or mental disability, marital status, familial status, veteran, or membership in any other group protected by law in accordance with applicable federal, state, and local laws.

NOTICE:

The information requested herein becomes public record upon submittal. A written request to not disclose certain information may be submitted to City Staff Support for consideration.

I certify that the foregoing information is true and correct.

Signature of Applicant _____ Date _____

City Office Use Only:	
Date Received: _____	Term Assigned: _____
Date Appointed: _____	