



Butte County Association of Governments  
**SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL (SSTAC)**  
**APPLICATION FOR APPOINTMENT**

Membership on the SSTAC requires appointment by the Butte County Association of Governments Board of Directors; therefore, it is necessary to present the Board with relevant information concerning each nominee.

If you are interested in serving on the Butte County Social Services Transportation Advisory Council (SSTAC), please complete this questionnaire, including any comments or additional information in the section provided at the end and return it to the address listed.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Business \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ Years of Residence in area \_\_\_\_\_

PREVIOUS EXPERIENCE ON A RELEVANT COUNTY/CITY/TOWN COMMISSION OR COMMITTEE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELEVANT WORK / VOLUNTEER EXPERIENCE:

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT OF QUALIFICATIONS:

Please briefly state why you are interested in serving on the SSTAC and why you are qualified for appointment. Attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CATEGORY LISTING:

The Social Services Transportation Advisory Council is subject to the apportionment restriction established in Section PUC 99238 of the Transportation Development Act. The SSTAC shall consist of the following members: Please circle all categories that apply to you.

Category 1 -potential transit user who is 60 years of age or older

Category 2 -potential transit user who is disabled

Category 3 -representatives of the local social service providers for seniors.

Agency Name \_\_\_\_\_  
(please fill in)

Category 4-representatives of local social service providers for the disabled.

Agency Name \_\_\_\_\_  
(please fill in)

Category 5-representative of social service provider for persons of limited means

Agency Name \_\_\_\_\_  
(please fill in)

Category 6-representatives from the local consolidated transportation service agency

Agency Name \_\_\_\_\_  
(please fill in)

Category 7-at-large appointment

CERTIFICATION:

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Appointments will be considered at a BCAG Board of Directors meeting. Any information you submit on your application will become a matter of public record.*

Return application:

**Butte County Association of Governments - SSTAC**

**326 Huss Drive, Suite 150**

**Chico, CA 95928**

**(530) 809-4616 – Fax: (530) 891-2979**

**Or via email to [cmassae@bcag.org](mailto:cmassae@bcag.org)**