Livermore Amador Valley TRANSIT AUTHORITY



Tri-Valley Accessible Advisory Committee (TAAC)

APPLICATION INSTRUCTIONS

ELIGIBILITY REQUIREMENTS

Residents of Pleasanton, Dublin or Livermore who are elderly, disabled or care for someone who is disabled may apply to be the representative for their city or county. Persons employed in the social services field in the Tri-Valley area may apply for the Social services position only.

RESPONSIBILITIES

Members are expected to represent the viewpoint of the elderly and disabled community of the Tri Valley and provide input on the Wheels services. Members also act as liaisons for Wheels by informing the general public about Wheels services and policies. Meetings are held every other month and are scheduled for ninety (90) minutes. Currently the committee meetings are being held via Zoom due to Covid-19. TAAC members will receive a free annual LAVTA fixed route bus pass. In addition, ADA paratransit eligible members can ride Dial-A-Ride service to and from TAAC meetings free of charge.

Appointments to the TAAC are made by the elected officials who make up the Wheels Board of Directors.

Please send the completed application to:

Attn: Kadri Kulm LAVTA/Wheels 1362 Rutan Court, Suite 100 Livermore, CA 94551, or kkulm@lavta.org

APPLICATION FOR TAAC MEMBERSHIP

GENERAL INFORMATION

| Name | | | |
|------------------------|--|----------------------|---|
| Agency (if applie | cable) | | |
| Address | | | |
| City | | Zip | |
| Home # | Work # | Mobile # | |
| Email address: _ | | | |
| | llowing open positions are than one, if applicable.) | re you applying for? | |
| City of Dublin | | | |
| City of Pleasanton | | | |
| City of Livermore | | | |
| Alameda County | | | |
| Social Services Agency | | | |
| You are eligible | for your position because | se you are | |
| A resider | nt of the City or County a | and are | |
| Elde | erly | | _ |
| Disa | abled | | _ |
| Α (| Caretaker for a Disabled p | erson | _ |
| Or | | | |
| Emi | oloyed in Social Services | in the Tri Valley | |

| 1. | Do you or your clients use Dial-A-Ride? If yes, how often? |
|----|---|
| 2. | Do you or your clients use Fixed Route service? If yes, how often? |
| 3. | In a single statement, why do you want to be on this committee? |
| 4. | What skills and knowledge do you feel you bring to this committee? |
| 5. | Will you be able to attend meetings during regular business hours? How flexible is your schedule? |
| 6. | Please include any additional information that may assist the decision-making process. |