

Date:



## MST Mobility Advisory Committee

### 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:		

#### EDUCATION:

School/ College Name:	Location:	Diploma/ Degree:
<b>Student Status:</b> Grade Level:	Expected Graduation Year:	

**MAC Membership is open to public consumers of MST Services as well as individuals representing key elements of the community.**

Will you be representing the MAC as a consumer or as an organization? ☐ **Consumer** ☐ **Organization**

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Send completed application to MST Staff Support: 15 Lincoln Ave., Salinas, CA 93901,  
Fax to 831-296-8826, or email [mobility@mst.org](mailto:mobility@mst.org). Questions? Call 831-296-8822

Please select (x) all categories that you or your organization will represent.

	CATEGORY	
1	Vision Impaired	
2	Hearing Impaired	
3	Physically Impaired	
4	Mentally Impaired	
5	Senior	
6	Veterans	
7	Youth	
8	Low Income	
9	Nonprofit Provider	
10	Educator or Student	
11	Salinas	
12	Monterey Peninsula	
13	South County Resident	
14	North County Resident	

**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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If yes, please list the name of boards or committees:

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**"Diversity Matters"**

Membership on this committee is open to all interested residents and/ or employees of Monterey County subject to the qualifications determined by the MST board of directors and as designated within MST Ordinance 2015-01. There shall be no discrimination of applicants based on race, color, religion, sex, age, national origin, physical or mental disability, marital status, familial status, status as a Vietnam-era or special disabled veteran, or membership in any other group protected by law in accordance with applicable federal, state, and local laws.

**NOTE:** *This committee requires meeting every other month (6 times per year) on the last Wednesday of January, March, May, July, September, and November. The meeting takes place from 1:00 to 2:30 pm at the MST Administrative Building on 19 Upper Ragsdale Drive, Suite 100, Monterey, CA 93940. Some additional investment of time outside of the regularly scheduled meetings may be required.*

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

**I certify that the foregoing information is true and correct.**

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Signature of Applicant

Date

**Section to be completed if applicant is under 18 years of age:**

**I hereby grant my son/ daughter \_\_\_\_\_, my permission to attend and participate in all meetings/activities that are part of the MST Mobility Advisory Committee.**

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Contact Number

**MST Office Use Only:**

Date Received: \_\_\_\_\_

Term Assigned: \_\_\_\_\_

Date Appointed: \_\_\_\_\_