Special Needs Advisory Committee

OCTA

Special Needs Advisory Committee Application **2012**

Get Involved

The Orange County Transportation Authority (OCTA) Board of Directors is seeking qualified applicants for its Special Needs Advisory Committee (SNAC). The 34-member committee advises OCTA on its special needs transit service for persons with disabilities. SNAC members serve three-year terms. Members are appointed by the Board of Directors and must live in Orange County or represent constituencies in Orange County.

Required Qualifications

OCTA is looking for individuals who meet the three following criteria:

- Demonstrated interest and involvement with persons with disabilities and/or senior citizens.
- Large active constituencies with whom regular interface regarding transportation is conducted; and
- A willingness to dedicate no fewer than 12 hours a year to OCTA meetings/activities.

What is the Orange County Transportation Authority?

OCTA is a countywide transportation agency that works with state and local officials, community groups, businesses and other regional transportation agencies to coordinate a unified effort to identify, fund and implement local transportation solutions. OCTA is governed by an 18-member Board of Directors, composed of the five county supervisors, city council representatives from across the county and two public members.

Responsibilities of the OCTA Special Needs Advisory Committee

OCTA's Special Needs Advisory Committee members actively participate in helping to examine transit service for persons with disabilities. During the year, committee members are asked to participate on ad hoc committees, in roundtable discussions, and hear special presentations on various transportation projects, programs and services. This is an unpaid volunteer position, and meetings adhere to the Brown Act. The committee's responsibilities are to:

- Advise OCTA about issues that relate to OCTA transit and paratransit services
- Recommend the mechanisms and methodologies for obtaining the input of persons with disabilities and seniors on specific transportation issues.
- Recommend policy reviews as they pertain to service operations
- Communicate with care providers and agency clients regarding service-related information
- Assist with special needs service evaluations
- Serve as a liaison between OCTA and special needs customers, care providers and special needs service agencies.

Deadline For Application

All applications must be received by **December 11, 2012** If you need additional information, please contact Adam Raley at (714) 560-5510 or araley@octa.net. You can apply by completing the application on the back and mailing it to:

Orange County Transportation Authority
P.O. Box 14184
Orange, CA 92863-1584
Attn: Adam Raley

You may also access the SNAC application on the Internet at www.octa.net/snac.

Appointments to the SNAC will be announced in January 2013. You will be notified at that time.

Please type or print. Incomplete applications will not be considered.

Name _____

Home Address _____

City _____ Zip Code _____

Business Phone (   )_____ Fax Number (   )_____

Home Phone (   )_____ E-mail _____

Supervisorial District Number (home or constituent address) _____
Call Registrar of Voters at 714.567.7586 for information.

Present Occupation _____ Employer _____

Are you a registered voter? *Choose one.*   ❏ Yes   ❏ No

How long have you lived in Orange County? _____

Are you currently an elected or appointed public officer? *Choose one.*   ❏ Yes   ❏ No

Please list the organization(s) concerned with the special needs of persons with disabilities or seniors with which you are presently active and would represent on the Special Needs Advisory Committee (SNAC).

Please give the organization name, nature of your activities and duties and approximate dates.
Use additional paper if necessary.

_____

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Please respond to the following questions on a separate page **(limit your response to one page)**:

1) Why do you wish to be considered for membership on OCTA's Special Needs Advisory Committee?

2) What about transportation for persons with special needs interests you?

Personal Reference (optional) :_____

Name _____ Occupation _____ Phone Number _____

I hereby declare the information provided in this application for OCTA's SNAC is true, correct and complete to the best of my knowledge. I understand that my statement may be verified and I give permission to do so.

Signature _____   Date _____

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