



GRTC Transit System Transit Advisory Group (TAG)

APPLICATION

Please PRINT

Name: _____
First *Last*

e-mail address: _____

Mail address: _____
Street *City/State/Zip*

Telephone: () ()
Home *Cell*

Current bus rider: Yes No Current CARE rider: Yes No

Please write a short reply to each of the following questions (use additional pages, if needed) and return your completed application to the address listed at the bottom of this page.

1. What do you know and like, or dislike, about GRTC Transit System?

2. What attracts you to want to serve on this GRTC committee?

3. How would you promote GRTC?

4. What is important to you as you think about serving on this Committee?

5. What do you see as the result of your volunteering?

6. Are you willing to attend an orientation/training session to assist you in your role as an advocate/ambassador?



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7. Do you have available transportation if needed?

8. What special skills, strengths or qualifications do you have that will assist you in this position?

9. How comfortable do you feel speaking in front of a group?

10. Have you volunteered with another group before? Where? How long? What did you do? Are you still serving that group? If not, what took you away from there? What did you like about that program? Not like? Potential conflicts?

11. Are you available to attend four two-hour meetings a year?

OPTIONAL Additional Information:

Gender: Female Male Non-binary/third gender
Prefer to self-describe_____

How would you best describe yourself (select all that apply):

- Asian Black/African American White Hispanic/Latino or Spanish Origin
American Indian or Alaska native Pacific Islander Middle Eastern

Age: 17 years or younger 18-24 years old 25-34 years old 35-44 years old
45-54 years old 55-64 years old 65-74 years old 75 years or older

Send your completed application by **October 3, 2019** to:

GRTC Transit Advisory Group, c/o Sheronda Hill, Transportation
301 East Belt Boulevard, Richmond, VA 23224

e-mail: sheronda.hill@ridegrtc.com