

**GRANT COUNTY TRANSPORTATION DISTRICT  
SPECIAL TRANSPORTATION FUND ADVISORY COMMITTEE  
APPLICATION**

**Date:**

**Name:**

**Home Address:**

**Mailing Address:**

**Telephone:**

**E-mail:**

**Occupation:**

1. Are you a resident of Grant County, Oregon? \_\_\_ Yes \_\_\_ No

2. Are you knowledgeable about the transportation needs of seniors and individuals with disabilities? Are you a person who meets one of the following qualifications (select all that apply)?

- (a) Is a person who is a senior or an individual with a disability and is a user of public transportation services in Grant County;
- (b) Is a person who is senior or an individual with a disability and who lives in an area of Grant County where there are no public transportation services;
- (c) Is a representative of seniors residing in Grant County;
- (d) Is a representative of individuals with disabilities residing in Grant County; or
- (e) Is a representative of a provider\* of services to seniors or individuals with disabilities residing in Grant County.

\*Note: Transportation providers may serve as non-voting members.

3. What are your relevant experiences, training or background with seniors and individuals with disabilities on transportation issues? \*\*

4. Please describe why you would like to serve on the Special Transportation Fund Advisory Committee. What special transportation service improvements would you like to see accomplished?\*

5. Are there other community interests that you are involved in, such as committees and organizations that you would like us to consider in your application?\*

\*You may attach additional sheets, a short resume, or any other materials that you think may be appropriate.

Thank you for your interest and willingness to participate.

**For questions or to return your application via e-mail:**

Alesa Molyneux

541-575-2370

[peplemover@outlook.com](mailto:peplemover@outlook.com)

**To return your application via mail:**

Alesa Molyneux

District Manager

Grant County Transportation District

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