

MAC

MARTA Accessibility Committee

APPLICATION FOR MEMEBERSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

TTY/TDD Phone: _____ E-mail Address: _____

1. Which best describes your race and/or ethnic background? **(Optional)**

_____ Black/ African American

_____ Hispanic/Latino

_____ Asian/Native Hawaiian

_____ Native American

_____ Caucasian/White

2. Please indicate the membership category you qualify to represent on this Committee by **checking only one category** below:

_____ Blind/Limited Vision

_____ Cognitive/Developmental Disabilities

_____ Deaf/Hard of Hearing

_____ Personal Mobility Aid/Wheelchair User

_____ Upper/Lower Extremity

_____ Seniors (Age 65 and older)

_____ Other, Please describe: _____

Your commitment to the MARTA Accessibility Committee (MAC) will require an average of 4 to 6 hours per month. The MAC meets the second Tuesday of every other month from 9:30am to 11:30am and the subcommittees meet on the off month of the MAC meetings as needed.

3. Will you be able to commit to regular attendance to the MARTA Accessibility Committee meetings? _____ Yes _____ No

4. What is the highest level of education you have completed?

High School/GED 2 Years of College/Junior College
 Four Year Degree Masters PHD/Doctorate

5. Please list any public transportation training and experience you have dealing with persons with disabilities and accessibility.

6. Are you a MARTA rider? Yes No

If yes, in an average week, how many times do you ride....?

MARTA Rail Times per week: _____
 MARTA Bus Times per week: _____
 MARTA Mobility Times per week: _____

Have you ridden any other public transit system within the past 12 months?

Yes No If Yes, which systems: _____

7. How would you describe the role and function of the American with Disabilities Act as it relates to Public Transit?

8. Please provide up to 5 examples of how your interest in transit and community service can help to strengthen the links between MARTA and its riders.

9. Please provide up to 5 examples of the type of feedback you have provided to other organizations in the past and the impact your feedback had on their constituents.

10. Please provide up to 5 examples of how you plan to update your constituents about what you learn as a MAC Member.

11. Please explain how you would handle an issue that the Committee is addressing if your opinion is in opposition to those of the entire Committee.

Signature:

Date:

***Note:** All application must include **2 letters of recommendation**. Please provide at least one letter from an organization providing programs and services to seniors and persons with disabilities in MARTA service area of Fulton, DeKalb and Clayton Counties or the City of Atlanta.

SUBMIT APPLICATION TO:

Attention: MARTA Office of Diversity and Equal Opportunity
2424 Piedmont Road, N.E.
Atlanta, Georgia 30324-3330
404-848-4302 – FAX
dscarbor@itsmarta.com – E-mail