



Napa County Transportation and Planning Agency  
625 Burnell Street  
Napa, CA 94559  
Tel. (707) 259-863 / Fax (707) 259-8638  
[www.nctpa.net](http://www.nctpa.net)

### PARATRANSIT COORDINATING COUNCIL APPOINTMENT APPLICATION

Complete applications should be submitted to the above address,  
Attention: Secretary of the Board

**This application may be subject to disclosure under the Public Records Act**

I am applying as a representative of the following: (Check all that apply)	
<input type="checkbox"/>	Public transit consumer/user 60 or older
<input type="checkbox"/>	Public transit consumer/user with disability
<input type="checkbox"/>	Member of the public residing in non-urbanized area
<input type="checkbox"/>	Member of the public residing in urbanized area
<input type="checkbox"/>	Social service provider for persons of limited means. List agency: _____
<input type="checkbox"/>	Social service provider for persons with disabilities. List agency: _____
<input type="checkbox"/>	Social service provider for seniors. List agency: _____
<b>Applicant Information</b>	

Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	
Phone:		E-mail Address:	

<b>Current Occupation</b> (within the last twelve (12) months) <b>Education/Experience</b> (a resume may be attached containing this and any other information that would be helpful in evaluating your application)

<b>Community Participation</b> (nature of activity and community location)

Other Boards/Commissions/Committees on which you serve/have served

Please share your experience or observations regarding public transit

Please share your experience working with special needs populations

Please explain your reasons for wishing to serve, and in your opinion, how you feel you could contribute.

**References**

*Please list three individuals familiar with your background*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Name and Occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):**

**Disclaimer and Signature**

**PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND NCTPA CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_