<table>
<thead>
<tr>
<th><strong>PACE ADA ADVISORY COMMITTEE APPLICATION</strong></th>
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<tbody>
<tr>
<td>Name ____________________________________</td>
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<tr>
<td>Agency Name (if applicable) ________________</td>
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<td>Address ___________________________________</td>
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<tr>
<td>E-mail Address _____________________________</td>
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<td>Phone (__) ________________________________</td>
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<td>TTY (__) _________________________________</td>
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<tr>
<td>Cell Phone (__) ___________________________</td>
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<tr>
<td>Fax Number (__) __________________________</td>
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<tr>
<td>Contact Preference: (Check One)</td>
</tr>
<tr>
<td>☐ E-mail ☐ Telephone ☐ Mail ☐ Fax</td>
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</tbody>
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Public Transportation Use:
(Check all that apply and estimated usage)

☐ CTA Fixed Route Bus: Times per month: ____
☐ CTA “L” or Subway: Times per month: ____
☐ Pace Fixed Route Bus: Times per month: ____
☐ Pace ADA Paratransit: Times per month: ____
☐ Metra Commuter Rail Times per month: ____

☐ I am an individual representing an agency whose constituents use various modes of public transportation.

For the following questions, use additional paper if necessary:

Describe any past committee involvement you have had.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Why do you wish to serve on the ADA Paratransit Advisory Board.

Representative Region:
- [ ] Chicago
- [ ] Lake County
- [ ] Mc Henry County
- [ ] Kane County
- [ ] Suburban Cook
- [ ] Du Page County
- [ ] Will County

Disability:
- [ ] Physical:
- [ ] Visual Impairment/Blindness
- [ ] Hard of Hearing/Deaf
- [ ] Cognitive
- [ ] Psychiatric
- [ ] Other:

Ethnicity
- [ ] African American
- [ ] Asian
- [ ] Native American
- [ ] Caucasian
- [ ] Hispanic
- [ ] Other:
Gender:
☐ Male  ☐ Female

Age:
☐ 18-29  ☐ 30-39  ☐ 40-49
☐ 50-59  ☐ 60+

Are you currently certified as being eligible for ADA Paratransit Services?  ☐ Yes  ☐ No

What is your registration number? ____________________

I have read and understand the requirements stated in the Paratransit Advisory Board Bylaws and consent to the obligations of Board membership. In addition, I give permission for the Pace Board of Directors to review the information provided in this application as part of the application review process.

_____________________________________              _______________
Applicant Signature     Date

Please return the completed application to:
Linda Swedlund
Executive Secretary
Pace Suburban Bus
550 W. Algonquin Rd.
Arlington Heights, IL  60005
Linda.Swedlund@Pacebus.com
847-228-4254