

PACE ADA ADVISORY COMMITTEE
APPLICATION

Name _____

Agency Name (if applicable) _____

Address _____

E-mail Address _____

Phone (____) _____

TTY (____) _____

Cell Phone (____) _____

Fax Number (____) _____

Contact Preference: (Check One)

E-mail Telephone Mail Fax

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:

- | | |
|--|---|
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Suburban Cook |
| <input type="checkbox"/> Lake County | <input type="checkbox"/> Du Page County |
| <input type="checkbox"/> Mc Henry County | <input type="checkbox"/> Will County |
| <input type="checkbox"/> Kane County | |

Disability:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Physical: | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Visual Impairment/Blindness | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Other: |

Ethnicity

- | | |
|---|------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American | <input type="checkbox"/> 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