

# Birmingham-Jefferson County Transit Authority

## Application for Appointment to the Transit Citizens Advisory Board

Type or print clearly in CAPITAL letters and black or blue ink. If you need more room, make a note of the relevant question and add attachments.

### **1. GENERAL INFORMATION.**

*The Authority does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identification, age, physical or mental ability, veteran status, military obligations, or marital status. Because the Authority serves such a large and diverse population, it is vital that the TCAB reflect the full range of citizens. The following information will help to ensure a diverse group of citizens is selected to serve, thereby making more likely that all viewpoints and opinions are adequately represented.*

*All fields must be completed. If a particular field is not applicable to you, write "N/A" into the field. If you have any questions about this application contact us at [TCAB@bjcta.org](mailto:TCAB@bjcta.org).*

First Name	M.I.	Last Name	
Address			
City	State / Province	ZIP / Postal Code	Country
Evening Phone Number	Cell Number	E-mail Address	
Employer	Occupation	Business Phone	
Business Address			

Age:

- 18-35                       36-50                       51-65  
 66-80                       81+

Sex:

- Female                       Male

Race/Ethnic Group:

- American Indian/Alaskan Native       Asian / Pacific Islander       Black, not Hispanic  
 Hispanic       Middle Eastern       White, not Hispanic       Other

**2. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.**

---

Are you a Jefferson County resident?      **Yes**       **No**

How many years have you been a resident?

Are you a registered voter in Jefferson County?      **Yes**       **No**

If you are eligible to vote in the municipal elections of any municipality located in Jefferson County, please state the municipality:

Are you employed by the BJCTA, do you have a family member employed by the BJCTA, or do you have any financial interest in a contract with the BJCTA?      **Yes**       **No**

If **yes**, please describe:

Do you use the BJCTA transit system for:

- Work       Shopping       Pleasure  
 Volunteering       Other (specify)

How often do you use the BJCTA transit system:

- Regularly       Occasionally       Rarely / Never

Do you use the BJCTA paratransit system for:

- Work       Shopping       Pleasure  
 Volunteering       Other (specify)

How often do you use the BJCTA paratransit system:

- Regularly       Occasionally       Rarely / Never

What is your annual salary:

- \$0 – \$30,000       \$60 – \$90,000  
 \$30 – \$60,000       \$90,000+



**WHAT IS THE BJCTA DOING RIGHT?**

--

**WHAT IS BJCTA DOING WRONG?**

--

**PERSONAL REFERENCES** – Please list 2 references the BJCTA may contact.

Name	Name
Address	Address
Phone	Phone
E-mail Address	E-mail Address

As set forth in Alabama Act 2013-380 § 7(b)(2):

The TCAB shall be advisory to the BJCTA and perform the following duties:

- a. Serve as a body to advise the BJCTA, the board, and private persons on the development and implementation of policies and programs relating to public transportation, and assist in the coordination of these activities.
- b. Adopt bylaws, elect officers including a chair, and establish procedures for its operation within 30 days of its creation; provided, however, that the bylaws for the TCAB shall be subject to approval or amendment by the board.
- c. Advise and make recommendations regarding transit development plans, comprehensive operations analysis, annual service, marketing and annual advertising plans developed by the BJCTA.

I understand the role and responsibilities of members of the TCAB, and I am willing to serve. In applying for appointment, I understand the BJCTA may make inquiries in the community pertinent to my appointment. I also understand that, if I become a member of the TCAB, I may be dismissed from the TCAB for making untrue or discriminatory statements about others.

If appointed, I am willing to attend a TCAB orientation session.

Yes       No

Applicant Signature	Date <i>MM DD YYYY</i>
<b>SIGN</b>	

When complete, please send the application to the following: [TCAB@bjcta.org](mailto:TCAB@bjcta.org)

**This application must be received by January 16 2014.  
In no case will this deadline be extended.**