

SPECIAL NEEDS ADVISORY COMMITTEE

Application 2020



DEADLINE FOR APPLICATION:
All applications must be received by
May 1, 2020.

APPOINTMENTS TO THE SNAC:
They will be announced in **May 2020.**
You will be notified at that time.

AT A GLANCE

REQUIRED QUALIFICATIONS:

OCTA is looking for individuals who meet the three following criteria:

1. Demonstrated interest and involvement with persons with disabilities and/or senior citizens.
2. Large active constituencies with whom regular interface regarding transportation is conducted;
3. And a willingness to dedicate no fewer than 12 hours a year to OCTA meetings/activities.

HOW TO APPLY:

Complete the application on the back and send it to:

Orange County
Transportation Authority
P.O. Box 14184
Orange, CA 92863-1584

You may also access the SNAC application on the internet at www.octa.net/snac

PROJECT CONTACT:

Ryan Maloney
(714) 560-5451
rmaloney@octa.net

Fact Sheet as of 2/21/18

The Orange County Transportation Authority (OCTA) Board of Directors is seeking qualified applications for its Special Needs Advisory Committee (SNAC). The 34-member committee advises OCTA on its special needs transit service for persons with disabilities. SNAC members serve three-year terms. Members are appointed by the Board of Directors and must live in Orange County or represent constituencies in Orange County.

WHAT IS THE ORANGE COUNTY TRANSPORTATION AUTHORITY?

OCTA is a county wide transportation agency that works with state and local officials, community groups, businesses and other regional transportation agencies to coordinate a unified effort to identify, fund and implement local transportation solutions. OCTA is governed by an 18-member Board of Directors, composed of the five county supervisors, city council representatives from across the county and two public members.

RESPONSIBILITIES OF OCTA'S SPECIAL NEEDS ADVISORY COMMITTEE

OCTA's Special Needs Advisory Committee members actively participate in helping to examine transit service for persons with disabilities. During the year, the committee members are asked to participate on ad hoc committees, in roundtable discussions, and hear special presentations on various transportation projects, programs and services. This is an unpaid volunteer position, and meetings adhere to the Brown Act. The committee's responsibilities are to:

- Advise OCTA about issues that relate to OCTA transit and para transit services
- Recommend the mechanisms and methodologies for obtaining the input of persons with disabilities and seniors on specific transportation issues.
- Recommend policy reviews as they pertain to service operations
- Communicate with care providers and agency clients regarding service-related information
- Assist with special needs service evaluations
- Serve as a liaison between OCTA and special needs customers, care providers and special needs service agencies.



Orange County Transportation Authority
550 S. Main Street
P.O. Box 14184
Orange, CA 92863-1584
(714) 560-OCTA
www.octa.net

SPECIAL NEEDS ADVISORY COMMITTEE APPLICATION 2020



Please type or print. Incomplete applications will not be considered.

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Business Phone: () _____ Fax Number: () _____

Home Phone: () _____ Email: _____

Supervisory District Number: _____

(Home or Constituent Address) Call Registrar of Voters at (714) 567-7586 for information.

Present Occupation: _____ Employer: _____

Are you a registered voter? Yes No

How long have you lived in Orange County? _____

Are you currently an elected appointed public officer? Yes No

Please list the organization(s) concerned with the special needs of persons with disabilities or seniors with which you are presently active and would represent on the Special Needs Advisory Committee (SNAC).

Please give the organization name, nature of your activities and duties and approximate dates.
Use additional paper if necessary

Please respond to the following questions on a separate page *(limit response to one page)*:

1. Why do you wish to be considered for membership on OCTA's Special Needs Advisory Committee?
2. What about transportation for persons with special needs interests you?

Personal Reference (optional): _____

Name: _____ Occupation: _____ Phone Number: _____

I hereby declare the information provided in this application for OCTA's SNAC is true, correct, and complete to the best of my knowledge. I understand that my statement may be verified and I give permission to do so.

Signature _____ Date _____