## PEDESTRIAN ADVISORY COUNCIL APPLICATION FOR MEMBERSHIP

Name:		
Address:		
City:	State:	Zip:
Preferred Phone:		Other Phone:
E-mail Address:		
Date of Birth (must I	be at least 18):	
Occupation:		Employer:
Summary Informa	ation:	
August 2013. Accordadvise City of Austi enforcement efforts facilities in order to recreation within the	rding to draft b in on pedestrial regarding the ensure a safe c City of Austin.	vas formed in August 2013 and began meeting in cylaws, "The Pedestrian Advisory Council (PAC) shall in planning, policy, design, funding, education, and creation, maintenance and operation of pedestrian and enjoyable circulation for both commuting and The PAC's goal is to ensure sensitivity to pedestrian intation of all public and private projects impacting
o .	ives and comm	9 full-members and up to 10 alternate members. unity liaisons will be invited at a later date to be
<u>Questions</u> :		
Do you reside or we within the City of Au	•	of Austin boundaries? (Only those that live or work for membership.)
☐ No ☐ Yes		
2. The group will corare you particularly		nic diversity for representation. What area(s) of town of within Austin?

1.

3. Education (Schools attended, degrees earned, training received):
4. Do you currently hold elective office?   No Yes:
5. Affirmative Action information: This information is voluntary, and is being collected to consider diversity for Pedestrian Advisory Council membership.
☐ Male ☐ Female Racial/Ethnic Background:
6. List any major paid employment and volunteer activities, which may relate to service on the Pedestrian Advisory Council: Dates (from/to) Employer/Volunteer Activities Responsibilities
7. Do you have any special skills or experience that will help you as a member of the Pedestrian Advisory Council?
8. Why do you want to serve on the Pedestrian Advisory Council?

9. In what ways do you identify as a pedestrian (check all that applies):
☐ I am a pedestrian as my primary mode of transportation.
☐ I combine pedestrianism with biking and mass transit use.
☐ I am a regular recreational pedestrian.
☐ I am an occasional pedestrian for fun or exercise.
☐ I am seldom a pedestrian but want to be more.
Other:
10. What issues or topics do you think the PAC should address?
11. Can you commit to being in attendance at Regular Meetings and working group meetings, as well as helping to complete the work of the PAC?
□ No □ Yes
12. Are there any obstacles to you attending regularly scheduled meetings of the PAC? (Regular meetings occur the first Monday of every month. The PAC reserves the right to change the meeting dates, locations, and to call special meetings.)  □ No □ Yes
If "yes", please explain:

13. Are you interested in being considered for a position as full term member, alternate member, or both? (Top vote earners will be elected as full members. Alternate positions will be determined after full members are elected.)

Full Member Only	☐ Alternate Member	Only 🗌 Both
14. Additional commer	nts:	

## Please return completed application form by 5 PM, TUESDAY SEPTEMBER 1<sup>ST</sup> to:

Pedestrian Advisory Council Staff Liaison
Active Transportation Division - Austin Transportation Department
P.O. Box 1088 Austin, TX 78767
512-974-7189 Direct Line
pedestrian@austintexas.gov

\*\*This application will be uploaded to the PAC webpage and distributed in advance of the September 2015 meeting of the Membership Subcommittee for review and for consideration of candidate recommendations. The Membership Subcommittee will report to the full PAC on September 14<sup>th</sup>, 2015. Private information (email, address, phone number, etc.) will be blacked out.

Additional nominations will still be accepted from the floor at the October 5<sup>th</sup>, 2015 elections.

<sup>\*</sup>In order to be eligible to run for elections, individuals must have attended at least one Pedestrian Advisory Council meeting prior to the October 5, 2015 elections.