



Access Services
PO Box 5728
El Monte, CA 91734
213.270.6000
asila.org

Access Services Community Advisory Committee (CAC)

APPLICATION FOR MEMBERSHIP

Contact Access Services for further application details

The CAC was formed to provide community input and advice to Access Services Board of Directors & staff concerning operational policy issues. The CAC has direct impact upon the improvement of the Access Services transportation program. The Access Services Board of Directors shall appoint a slate of fifteen (15) Los Angeles County residents comprised of persons with disabilities or, where needed, persons with knowledge of specific disabilities to the CAC following receipt of an application for membership and a personal interview by the Access Services Senior Manager of Customer Service. CAC members are also expected to serve on subcommittees and appeals boards as needed. The CAC meets on the second Tuesday of every month.

1. Contact Information

- a. Are you a resident of Los Angeles County? Yes No
- b. Full Name (Last, First): _____
- c. If an Access customer, provide your Access ID number: _____
- d. Mailing Address: _____
- e. City and Zip Code: _____
- f. County: _____
- g. Preferred Telephone #: _____ Home Work

h. Preferred E-Mail Address: _____

i. Employer Name (if applicable): _____

j. Your Job Title: _____

2. It is a requirement to attend at least 2 (two) CAC Meetings. Have you fulfilled this requirement? Yes No

3. CAC members are asked to attend one (1) two hour committee meeting each month. Additionally, CAC members are sometimes asked to participate in Subcommittee Meetings, Working Groups and Appeals Boards. Will you be able to make this commitment? Yes No

4. Please check each disability where you have experience, education, or expertise. For each area checked, indicate years of experience.

	Functional Need	Years of Experience
<input type="checkbox"/>	Ambulatory Disabilities (without use of wheelchair)	
<input type="checkbox"/>	Users of Manual Wheelchairs	
<input type="checkbox"/>	Users of Power Wheelchairs or Scooters	
<input type="checkbox"/>	Persons who are Blind	
<input type="checkbox"/>	Persons who are Partially Sighted	
<input type="checkbox"/>	Persons with a Cognitive Disability (i.e., memory)	
<input type="checkbox"/>	Persons with an Intellectual Disability	
<input type="checkbox"/>	Persons with a Psychiatric Disability	
<input type="checkbox"/>	Persons with a Verbal Communication Disability	
<input type="checkbox"/>	Persons who are Deaf or Hearing Impaired	
<input type="checkbox"/>	Check here for "Other" disability/disabilities that	

	you have experience in but are not listed above	
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If "Other", explain the specific disability that you represent not listed above:

5. What area of Los Angeles County do you feel that you best represent?

6. Do you understand how Access Services operates or are you familiar with the services provided? Yes No

If yes, please explain:

7. Please summarize your experience with the disability community or with persons with disabilities. Name any community activities in which you regularly participate (or used to participate in) that would be relevant to the work of the Access CAC.

8. What qualifications make you an ideal Access CAC member and how do you see yourself contributing to the work of this committee? Please give specific examples.

9. List any references you would like to provide (optional).

10. What is your preferred format for receiving information?

Standard Print (12 font size)

Large Print (14 font size)

Audio (CD)

Braille:

E-Mail

I have read and understood the enclosed information and do hereby submit this application for membership to the Access Services Community Advisory Committee (CAC). I further understand that this application will expire one year after its submission.

Print Your Name: _____

Sign Your Name: _____

Today's Date: _____

Please MAIL or FAX your completed application to:

Access Services

Attn: Community Advisory Committee

PO Box 5728

El Monte, CA 91734

Fax Number: 213-270-6055