

Thank you for your interest in serving on the BRTB's Public Advisory Committee (BRTB-PAC). Please complete the application and return to the address on page 3.

Note: The BRTB appoints members of the BRTB-PAC for a three-year term. The PAC typically meets the 1st Wednesday of the month at 5:30 p.m. in Baltimore City. Maximum attendance by members is expected. Members missing three consecutive, regularly scheduled meetings or a total of six regular meetings, during a twelve-month period shall be automatically reviewed by the Membership Subcommittee.

Name: _____

Address: _____

Phone: [H] _____ [W] _____ [Mobile] _____

Email: _____

County or City of Residence: _____

BACKGROUND/INTERESTS

Please describe those facets of your background / experience which you feel may be useful for your participation on the BRTB-PAC (Include personal and professional experience, degrees, skills, training, certification, licenses, etc.)

What suggestions, ideas, needs, or areas of concern do you want to see addressed in regional transportation planning for the Baltimore Region?

BRTB-PAC members are expected to actively serve on at least one of its standing committees (baltometro.org/PAC). Please choose your 1st, 2nd and 3rd preference:

_____ Public Involvement _____ Policy and Legislation _____ Membership

What modes of transportation do you use primarily for:

	<i>Work</i>	<i>Other Activities</i>	<i>Concerned about</i>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle/Motor Scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paratransit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rank the importance of these issues [circle number]:

	Low importance				High importance
Disability Access	1	2	3	4	5
Environmental Impact of Trans.	1	2	3	4	5
Expanding Transportation Options	1	2	3	4	5
Freight Movement	1	2	3	4	5
Improving Mobility	1	2	3	4	5
Pedestrian/Bicycle Issues	1	2	3	4	5
Roadways/Highways	1	2	3	4	5
Safety/Security	1	2	3	4	5
Traffic Congestion	1	2	3	4	5
Transit	1	2	3	4	5
Transit affordability	1	2	3	4	5
Transit Oriented Development	1	2	3	4	5
Other	1	2	3	4	5

Please specify: _____

In an effort to ensure that we represent the community at large, please list/check the following as they apply to you:

Gender: _____ Race/Ethnicity: _____

Age: 16-20 21-35 36-54 55 and over

Do you require any special accommodations to enable your attendance? If so, please specify:

ORGANIZATIONAL INFORMATION

If you are representing an organization*, please complete the following:

Organization Name: _____

Mailing address: _____

Website: _____

* The BRTB-PAC provides independent, region-oriented advice to the BRTB from members of the public. As such, the BRTB requests that employees of BRTB member agencies refrain from applying.

Does this organization represent any of the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Motorcycle/Motor Scooter |
| <input type="checkbox"/> Bicycle/Pedestrian | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Community | <input type="checkbox"/> Real Estate/Development |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Roadways/Highways |
| <input type="checkbox"/> Faith-based Organizations | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Fixed/Low-income | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Freight | <input type="checkbox"/> Transit |
| <input type="checkbox"/> Labor | |
| <input type="checkbox"/> Minorities (Please specify) _____ | |
| <input type="checkbox"/> Other (Please specify) _____ | |

Is this organization (Please check all that apply):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> For-Profit | <input type="checkbox"/> Community/Neighborhood |
| <input type="checkbox"/> Government | <input type="checkbox"/> Professional | |
| <input type="checkbox"/> Special Interest (please specify) _____ | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Does this organization focus upon or represent individuals in the following areas? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Annapolis | <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Baltimore City |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Carroll County | <input type="checkbox"/> Harford County |
| <input type="checkbox"/> Howard County | <input type="checkbox"/> Queen Anne's County | <input type="checkbox"/> Other: _____ |

Alternate Information: If you are unable to attend a meeting, who will represent your organization?

Name: _____

Phone: _____

E-mail: _____

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Please return applications via mail, e-mail, or fax to:

Public Involvement Coordinator
 Baltimore Metropolitan Council | Offices @ McHenry Row | 1500 Whetstone Way, Suite 300 | Baltimore, MD 21230
 Email: comments@baltometro.org | Fax: 410-732-8248