

MAC

MARTA Accessibility Committee

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

TTY/TDD Phone: _____ E-mail Address: _____

1. Which best describes your race and/or ethnic background? (Optional)

_____ African American/Black

_____ Hispanic/Latino

_____ Asian

_____ Native American

_____ Caucasian/White

_____ Other

2. Please indicate the membership category you qualify to represent:

(Check only one)

_____ Upper/Lower Extremity Impairment

_____ Cognitive/Developmental Disabilities

_____ Wheelchair User

_____ Blind/Low Vision

_____ Deaf/Hearing Impaired

_____ Seniors (Age 65 and older)

Your commitment to the MARTA Accessibility Committee (MAC) will require 4 to 6 hours per month. The MAC meets the second Tuesday of every other month from 9:30am to 11:30am and the subcommittees meet on the off month of the MAC meetings as needed.

3. Will you be able to commit to regular attendance to the MARTA Accessibility Committee meetings? _____ Yes _____ No

4. What is the highest level of education have you completed?

High School GED Some College
 Four Year Degree Graduate Post Graduate

5. Please list any training, education and experience you have related to persons with disabilities, public transportation and/or accessibility issues.

6. Are you a MARTA rider? Yes No

If yes, in an average week, how many times do you ride....?

MARTA Rail Times per week: _____
 MARTA Bus Times per week: _____
 MARTA Mobility Times per week: _____

Have you ridden any other public transit system within the past 12 months?

Yes No If Yes, which systems: _____

7. Are you or a member of your family a party to either a lawsuit against MARTA or a contract with MARTA? Yes No

8. How would you describe the role and function of the American with Disabilities Act as it relates to Public Transit?

9. Please provide up to 5 examples of how your interest in transit and community service can help to strengthen the links between MARTA and its riders.

10. Please provide up to 5 examples of the type of feedback you have provided to other organizations in the past and the impact your feedback had on your constituents.

11. Please provide up to 5 examples of how you plan to update your constituents about what you learn as a MAC Member.

12. Please explain how you would handle an issue that the committee is addressing if your opinion is in opposition to those of the entire committee.

Signature:

Date:

***Note:** All application must include 2 letters of recommendation. Please provide at least one letter from an organization providing programs and services to seniors and persons with disabilities in MARTA service area of Fulton, Dekalb and Clayton Counties or the City of Atlanta.

SUBMIT APPLICATION TO:

Attention: MARTA Office of Diversity and Equal Opportunity
2424 Piedmont Road, N.E.
Atlanta, Georgia 30324-3330
drbrown@itsmarta.com – E-mail