



Rogue Valley Transportation District

Statewide Transportation Improvement Fund Advisory Committee (STIF) Application

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Applicant Qualifications

Applicants must reside in Jackson County and be knowledgeable about the public transit needs of residents or employees located within or traveling to or from the RVTD Transportation District.

Are you a resident of the District? YES ☐ NO ☐ If no, do you live in Jackson County? YES ☐ NO ☐

Applicants must be a member of or represent one or more of the following categories. Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Local Governments, including land use planners | <input type="checkbox"/> Public Transportation Service Providers |
| <input type="checkbox"/> Non-Profit Entity which provides public transportation services. | <input type="checkbox"/> Neighboring Public Transportation Service Providers |
| <input type="checkbox"/> Employers | <input type="checkbox"/> Public Health, social and Human Service Providers |
| <input type="checkbox"/> Transit User | <input type="checkbox"/> Dependent Transit User |
| <input type="checkbox"/> Individuals age 65 or older | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Low Income Individuals | <input type="checkbox"/> Social Equity Advocates |
| <input type="checkbox"/> Environmental Advocates | <input type="checkbox"/> Bicycle and Pedestrian Advocates |
| <input type="checkbox"/> People with limited English proficiency | <input type="checkbox"/> Educational Institutions |
| <input type="checkbox"/> Major Destination for users of Public Transit | |

Please Answer the Following Questions

Why would you like to be a member of the STIF Advisory Committee?

What experiences (professional, volunteer or personal) have you had that would help you become an effective Committee Member?

Please list agencies, groups, or organizations that you belong to or participate in that are related to the activities or responsibilities of the Committee?

What agency/employer do you work for? or Who is your employer?

Who do you represent?

In what capacity and by what authority do you represent them?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Please consider me for appointment to RVTD's Statewide Transportation Improvement Fund (STIF) Advisory Committee.

Signature: _____ Date: _____

Please remit application to: STIFAC, Rogue Valley Transportation District, 3200 Crater lake Ave, Medford, OR 97504 or email application to egomez@rvtd.org with subject line "STIFAC"