



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 and staff concerning operational policy issues to impact and improve the Access Services transportation program. While CAC is not intended to be a complaint resolution or appeals board, it does allow for public input. 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 CAC membership and a personal interview by the Access Services Director 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. Please check each disability where you have experience, education, or expertise. For each area checked, indicate years of experience in that area.

	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	

If "Other", explain the specific disability that you represent not listed above:

9. What is your preferred format for receiving information?

Standard (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. 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