



**APPLICATION FOR APPOINTMENT TO THE  
LOCAL ADVISORY COMMITTEE**

Metro encourages citizen participation on its Local Advisory Committee. If you are interested in serving on this committee and are willing to commit the necessary time, please complete the form below and return it to the attention of the Program Manager at Metro, 530 North Rose Street, Kalamazoo, Michigan 49007.

Please print or type information.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**QUALIFICATIONS AND BACKGROUND FOR APPOINTMENT TO LOCAL ADVISORY  
COMMITTEE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU CURRENTLY USE PUBLIC TRANSPORTATION? \_\_\_\_\_ MODE: \_\_\_\_\_

**TYPE OF REPRESENTATION: (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                    | <input type="checkbox"/> Private business        |
| <input type="checkbox"/> Disability Community/Agency   | <input type="checkbox"/> Senior Community/Agency |
| <input type="checkbox"/> Other (please describe) _____ |  |

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## Local Advisory Committee Interview Questions

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. Why do you want to serve on the Local Advisory Committee?
2. What experience do you bring that can assist the Local Advisory Committee?
3. The Local Advisory Committee meets bi-monthly beginning in January; will you be available for the meetings?
4. What do expect as a Local Advisory Committee member?
5. Do you have any experience with Metro Connect or the Metro fixed-route service?