WATA
Williamsburg Area Transit Authority

WATA Advisory Committee Application

Please <u>PRINT</u> neatly in blue or black ink

Last Name:	First Name:	Middle Initial:

Address: Number Street	City	State	Zip Code	

Home Phone:	Alternate Phone (Business, Cell):

City/County of Residence:	E-mail:

Occupation:

Category (Please circle all that apply):

Live or work in JCC	Frequent WATA Rider	Other: _____
Live or work in York County	William & Mary Student	
Live or work in Williamsburg	Person with Disabilities	
22 years old or younger	Senior, 65+ years old	

Why are you interested in a position on the WATA Advisory Committee?

Thank you for your interest in the WATA Advisory Committee. If you have any questions or concerns, please contact Iyanla XO, WATA Marketing and Administrative Specialist at (757) 790-2506 or email *info@gowata.org*. Completed applications can be submitted via email or post to the addresses shown below:

7239 Pocahontas Trail
Williamsburg, VA 23185
Attn: WATA Advisory Committee
Email: info@gowata.org

Please describe your background and experience as it relates to public transportation.

What public committees or community organizations have you served on?

What do you believe you can contribute as a member of the WATA Advisory Committee?

I agree to attend quarterly meetings of the WATA Advisory Committee: Yes ☐ No ☐

I can attend special meetings of the Committee if given advance notice: Yes ☐ No ☐

If selected and appointed as a WATA Advisory Committee member, I understand I will serve as a volunteer. As a volunteer, I am not covered by WATA's insurance policy, and further understand the liability does not encompass volunteers. By signing this application, I give permission to have it reviewed by WATA's Board of Directors and kept on file for up to twelve (12) months.

_____   _____

Signature   Date