

CALL FOR APPLICATIONS TO SERVE ON METRO'S ACCESSIBILITY ADVISORY COMMITTEE

Metro's Board of Directors wants to hear from people like you.

Our customers with disabilities and senior citizens have a lot of good ideas to share about our service. Senior citizens and customers with disabilities have a chance to participate in making Metro better. The Accessibility Advisory Committee (AAC) advises Metro on ways to improve Metrobus, Metrorail and MetroAccess.

Metro is currently soliciting applications from interested customers who reside in Northern Virginia, in filling vacancies on its Accessibility Advisory Committee.

Do you qualify?

We encourage you to apply for membership if you meet the following minimum qualifications:

1. Are senior (65+) or have a disability and regularly ride Metrobus, Metrorail and/or MetroAccess and;
2. Live in the Arlington County, Fairfax County, Loudoun County, the City of Alexandria, or the City of Falls Church, and;
3. Are not employed by Metro or a Metro contractor and;
4. Are not an elected official.

How members are selected:

Metro's Board of Directors will select candidates that represent an accurate cross-section of customers who are senior and/or have a disability and reflect a broad representation of people from different geographical locations in the WMATA service area. There is currently one vacancy on the committee; therefore, not every applicant will be selected.

What you give and what you get:

If selected, you will advise our Board of Directors. You will attend AAC meetings, currently held virtually, on the 1st Monday of every month between 5:30pm and 7:30pm and subcommittee meetings on second and third Mondays from 4pm to 6pm, as appropriate. You will not be paid, but you will have the opportunity to help make a difference in the way Metro serves seniors and persons with disabilities including customers who require assistance with access to the Metro system.

For more information on the Accessibility Advisory Committee, please visit:

<https://www.wmata.com/about/accessibility-advisory-committee/>

The Next Step:

You can complete the application and submit online. Or

The completed application can be emailed to:

MetroAACChair@wmata.com.

Alternatively, the completed application can be mailed to the following address:

**Access Services, WMATA
Attn: ADAP, AAC
P O Box 44093
Washington, DC 20026**

An AAC Membership application may also be mailed or e-mailed to you upon request by calling 202.962.1100.

Accessibility Advisory Committee Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone/TTY: _____ Evening phone/TTY: _____

Email address: _____

In an average week, how many times do you ride?

_____ Metrorail – Line(s) _____

_____ Metrobus – Route(s) _____

_____ MetroAccess

What do you think of the service provided to you?

by Metrorail: _____

by Metrobus: _____

by MetroAccess: _____

What improvements would you recommend (to either or all) services?

Why do you use Metrorail, Metrobus or MetroAccess?

_____ Commute to work/school _____ Social/recreational

_____ Personal business/medical _____ Other (explain) _____

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

_____ African American/Black _____ Caucasian/White _____ Hispanic/Latino

_____ Asian _____ Native American _____ Other

Do you use email?

☐ Yes ☐ No (if yes, how often do you check messages):

_____ Regularly _____ Every 3-4 days _____ Infrequently

What level of education have you completed?

_____ High School _____ Some College _____ Four-year degree

_____ Graduate Describe: _____

_____ Post Graduate Describe: _____

In what area(s) or way(s) can you provide a personal perspective or personal point of view?

_____ Blind Low-vision Mobility disability

_____ Deaf/hard of hearing Audio-sensory disability Speech disability

_____ Senior Citizen Neurological disability Cognitive disability

_____ Other (describe)

Are you a party to either a lawsuit against Metro or a contract with Metro? ☐ Yes ☐ No

Please provide a brief statement (500 words or less) outlining why you wish to serve on the Accessibility Advisory Committee. Include your community involvement/volunteer activities/membership with disability or senior organizations. Please attach another page, if necessary.

Do you have any experience and familiarity with regional transit issues? ☐ Yes ☐ No
(if yes, please explain)

Do you have any experience advocating for issues concerning persons with disabilities and senior citizens? (if yes, please explain) ☐ Yes ☐ No

Please describe how you (as a member of the Accessibility Advisory Committee) - would solicit feedback from fellow Metro customers.

Please list your organizational affiliations/memberships:

Normally, the commitment to the committee will require 4-5 hours per month. Can you commit 4-5 hours per month to the committee? ☐ Yes ☐ No

The committee meets the first Monday of every month from 5:30 - 7:30 p.m. Can you meet at this time?

☐ Yes ☐ No

Metro may use or disclose the individual information collected on this form to fill positions on the Accessibility Advisory Committee. Providing this information is voluntary, but an individual who does not provide the information may not be considered as a candidate for membership on the Accessibility Advisory Committee.

Information from this form may be disclosed for law enforcement purposes; to congressional offices or offices of elected officials in the Transit Zone; to contractors, grantees and others; for administrative claims, complaints and appeals; and in connection with litigation.

Selected information about Accessibility Advisory Committee members may be disclosed to the public. By signing this application, I swear or affirm that 1) I am not an employee of Metro or a Metro contractor, 2) I am not an elected public official, 3) all of the information provided here is true, 4) if selected, I will sign a standards of conduct agreement, 5) I will have sufficient time to devote to this responsibility, and 6) I will commit to attend the required meetings.

(By signing or typing your name, you consent that the above information you are submitting is factual.)

Signature

Date