

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

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

Our customers with disabilities and senior citizens have a lot to say about our service. More importantly, they have a lot of good ideas to share. 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 customers interested 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 disabled and regularly ride Metrobus, Metrorail and/or MetroAccess and;
2. Live in the District of Columbia, Montgomery County, Prince Georges County, Arlington County, Fairfax County or the City of Alexandria 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 are currently a few vacancies 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 on the 1<sup>st</sup> Monday of every month between 5:30pm and 7:30pm and subcommittee meetings as appropriate. You won't 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:***

Complete the application and email it to: [METROAACCHAIR@wmata.com](mailto:METROAACCHAIR@wmata.com)

You can also fax your application to: 202.962.1274

# 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*

INFORMATION ANYTIME 202-637-7000 TTY 202-638-3780 



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