

# COMMITTEE APPOINTMENT APPLICATION

## Santa Cruz County Regional Transportation Commission (SCCRTC) Bicycle Advisory Committee

The Bicycle Advisory Committee consists of eleven seats: one for each city within Santa Cruz County, one for each of the county supervisorial districts, one representing the Bike to Work program and one representing the Community Traffic Safety Coalition. Each of the seats has an alternate member appointed in the case that the primary member is unable to attend a meeting.

Meetings are usually held the second Monday of even numbered months from 6:00 p.m. to 8:30 p.m. in the Santa Cruz County Regional Transportation Commission conference room, located at 1101 Pacific Avenue Ste. 250 in downtown Santa Cruz. One or two meetings per year are typically held in mid- or south-county. Please refer to the Committee description and bylaws for more information: <https://sccrtc.org/meetings/bike-committee/>.

If you are interested in serving on this committee, we recommend reviewing the by-laws and attending a meeting to familiarize yourself with the committee process. After doing so please complete this application and email a scanned signed copy to [ttravers@sccrtc.org](mailto:ttravers@sccrtc.org) or return a signed copy to the RTC office.

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

Home address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (business/message/mobile) \_\_\_\_\_

E-mail: \_\_\_\_\_

Length of residence in Santa Cruz County: \_\_\_\_\_

I am applying to represent the following vacant position (circle one):

County Supervisorial District 2 (Freedom to Capitola) - Primary

City of Scotts Valley – Alternate

City of Capitola – Alternate

Other \_\_\_\_\_

I would consider a different position - either a different seat or alternate versus primary (circle one): Yes / No

**Previous experience on a government commission or committee:** (Please describe the committee/commission's purpose and your role.)

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**Other Relevant Work or Volunteer Experience**

Organization	Location	Position	Dates

**Statement of Qualifications:** Please attach a brief statement indicating why you are interested in serving on this committee and why you are qualified for the appointment. If you have served on this committee in the past, please summarize your accomplishments on the committee and indicate which of the committee's potential future endeavors most interest you.

**Certification:** I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return Application to:** SCCRTC Attn: Tommy Travers  
1101 Pacific Avenue Ste. 250  
Santa Cruz, CA 95060  
Or email: [ttravers@scrtc.org](mailto:ttravers@scrtc.org)

**Questions or Comments:** Contact Tommy Travers at (831) 460-3200 or by email at [ttravers@scrtc.org](mailto:ttravers@scrtc.org).