PEDESTRIAN ADVISORY COUNCIL APPLICATION FOR MEMBERSHIP

Special Election for Alternate Members

Name:		
Address:		
City:	State:	Zip:
Preferred Phone:		Other Phone:
E-mail Address:		
Date of Birth (must I	be at least 18)):
Occupation:		Employer:
Summary Informa	ation:	
	special ele	of alternate members, the Pedestrian Advisory ctions to appoint 2-4 alternate members at the ng.
August 2013. Acco advise City of Austi enforcement efforts facilities in order to recreation within the	rding to draft in on pedestr regarding th ensure a saf e City of Austi	was formed in August 2013 and began meeting in bylaws, "The Pedestrian Advisory Council (PAC) shall rian planning, policy, design, funding, education, and he creation, maintenance and operation of pedestrian fe and enjoyable circulation for both commuting and n. The PAC's goal is to ensure sensitivity to pedestrian hentation of all public and private projects impacting
		embers and up to 10 alternate members. Agency liaisons also participate in the Pedestrian Advisory
<u>Questions</u> :		
Do you reside or wowithin the City of Au		ty of Austin boundaries? (Only those that live or world le for membership.)
☐ No ☐ Yes		

1.

2. The group will consider geographic diversity for representation. What area(s) of town are you particularly knowledgeable of within Austin?
3. Education (Schools attended, degrees earned, training received):
4. Do you currently hold elective office? No Yes:
5. Affirmative Action information: This information is voluntary, and is being collected to consider diversity for Pedestrian Advisory Council membership.
☐ Male ☐ Female Racial/Ethnic Background:
6. List any major paid employment and volunteer activities, which may relate to service on the Pedestrian Advisory Council: Dates (from/to) Employer/Volunteer Activities Responsibilities
7. Do you have any special skills or experience that will help you as a member of the Pedestrian Advisory Council?

8. Why do you want to serve on the Pedestrian Advisory Council?
9. In what ways do you identify as a pedestrian (check all that applies):
☐ I am a pedestrian as my primary mode of transportation.
☐ I combine pedestrianism with biking and mass transit use.
☐ I am a regular recreational pedestrian.
☐ I am an occasional pedestrian for fun or exercise.
☐ I am seldom a pedestrian but want to be more.
☐ Other:
10. What issues or topics do you think the PAC should address?
11. Can you commit to being in attendance at Regular Meetings (required) and working group meetings (recommended) to complete the work of the PAC?
□ No □ Yes
12. Are there any obstacles to you attending regularly scheduled meetings of the PAC? (Regular meetings occur the first Monday of every month. The PAC reserves the right to change the meeting dates, locations, and to call special meetings.)
□ No □ Yes
If "yes", please explain:

13. Additional comments:

Please return completed application form by 5 PM, Thursday, February 26th, 2015 to:

Robert Anderson
City Planner, Comprehensive Planning Division
City of Austin, Department of Planning and Development Review
505 Barton Springs Rd., 5th Floor
Austin, TX 78704
512-974-6405 Direct Line
robert.anderson2@austintexas.gov

- *In order to be eligible to run for elections, individuals must have attended at least one Pedestrian Advisory Council meeting prior to the March 2, 2015 special election.
- **This application will be uploaded to the PAC webpage and distributed in advance of the March 2, 2015 elections for review and for consideration by the elected membership. Private information (email, address, phone number, etc.) will be blacked out.