

CITY OF SANTA ROSA
BICYCLE AND PEDESTRIAN ADVISORY BOARD APPLICATION
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What type of bicyclist are you? _____ Commuter _____ Recreational _____ Both

How often do you bicycle? _____ Daily _____ Weekly _____ Occasionally

How often do you walk to and from work/entertainment, shopping?

_____ Daily _____ Weekly _____ Occasionally

How often do you use public transit?

_____ Daily _____ Weekly _____ Occasionally

In your opinion, what are some of the issues facing bicyclist and/or pedestrians in Santa Rosa?

In your opinion, what are some of the issues facing the senior and disabled communities as it relates to bicyclist and/or pedestrians in Santa Rosa?

In your opinion, what solutions do you favor in addressing the above issues?

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If appointed, what would you like to see accomplished by the Board during your term of office?

Will you be able to attend night meetings? Yes _____ No _____

Will you be able to attend day meetings? Yes _____ No _____

How much time do you have to available to volunteer? _____

Are you willing to attend training related to your Board appointed duties? Yes _____ No _____

If you are presently active or have been active in the past five years in any organization, please give the organization name, nature of your activities, include any offices held and appropriate dates.

In what transportation-related activities have you been involved?

How do you rate your knowledge of city and county government?

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Have you ever attended a City Council meeting or the former Bicycle and Pedestrian Advisory Board meeting? _____

Rules of law and ethics prohibit members from participating in and voting on matters in which they may have a direct/indirect financial interest. Are you aware of any potential conflicts of interest which may develop from your occupation or financial interest? Are you aware of any potential conflicts of interest which may develop from your occupation or financial holdings in relation to your responsibilities as a member of the Board? If yes, please indicate any potential conflicts.

Additional comments you believe pertinent:

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All persons appointed by the Council shall be residents of the City of Santa Rosa. All persons appointed by the Council shall be registered voters at the time of appointment and remain registered voters throughout their term of appointment.

Please send completed application with any supplemental sheets attached to:
City Manager's Office
100 Santa Rosa Avenue
Room 10
Santa Rosa, CA 95404

Applications will be kept active for one (1) year. If vacancies occur, your application may be reconsidered by the Council.

APPLICANT'S SIGNATURE _____ DATE: _____