Golden Empire Transit District

Community Advisory Committee Application

Name ____________________________________________________________

Address __________________________________________________________

City__________________________  State___________  Zip Code__________________________

Home Phone ( ) ______________________________________________________

E-mail address ______________________________________________________

Occupation _________________________________________________________

Place of Employment _________________________________________________

How long have you worked there?______________________________

Do you use GET for:

  o Work
  o Volunteering
  o Shopping
  o Pleasure
  o Other (Specify)____________________________________________________

Do you use GET:

  o Regularly
  o Occasionally
  o Rarely/Never

Do you have a:

  o Reduced Fare Card
  o GET-A-Lift Paratransit Card
Age:
- 18-35
- 36-50
- 51-65
- 66-80
- 80 +

Sex:
- Female
- Male

Race/Ethnic Group: ______________________________________________________

Why do you want to serve on CAC?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please Mail or Return to:
GET Community Advisory Committee
1830 Golden State Avenue, Bakersfield, CA 93301

Email to: agarza@getbus.org

For more information please call: 661-324-9874