



## COMMITTEE ON ACCESSIBLE TRANSPORTATION

### Fact Sheet & Membership Application

#### **Purpose:**

Utah Transit Authority (UTA) has created a citizen advisory group called the **Committee on Accessible Transportation** or **CAT**. The CAT provides an ongoing opportunity to advise UTA on accessibility, usability, and safety issues related to facilities, services, equipment, plans and programs to assure non-discrimination for qualified people with disabilities. The CAT is established by a charter through the UTA Board of Trustees.

#### **Membership Representation:**

UTA's inclusive transportation services are offered to a diverse rider community and geographic areas. Involvement on the CAT is encouraged by individuals representing various race, color and national origins. Persons representing the following age and disability groups have specifically been identified as key to CAT membership categories.

- **Cognitive or learning disabilities**
- **Mental illness**
- **Mobility impairments or physical disabilities**
- **Deaf and hard of hearing**
- **Blind or visually impaired**
- **Combinations or multiple disabling conditions**
- **Seniors (65 years & older)**

Persons must live within a **county** of the UTA service area: **Box Elder, Weber, Davis, Salt Lake, Tooele, or Utah** County.

**Immediate Family Member Restriction:** Only one family member may serve on the CAT at any given time.

**Terms of service:** The CAT membership year begins in July and ends in June the following year. A membership term lasts (2) two consecutive years. Members may re-apply for one additional two-year term. A voting member may serve only two terms or four years maximum.

## **Meetings:**

CAT meetings are held monthly and last approximately 2 hours. Each member is required to serve on a working subcommittee that meets at least one additional time each month. Attendance and participation at these 2 monthly meetings are very important. There are NO excused absences. Resignation or removal from the CAT occurs with five (5) missed meetings in the membership year or 12 months.

## **Benefits:**

To assist with meeting attendance responsibilities, UTA offers a public transportation option by providing each month, one (10) trip punch card pass for the duration of active CAT membership. This pass can be used as fare payment on UTA Paratransit, bus and light rail and as partial fare payment on FrontRunner.

## **How do I apply for CAT membership?**

Interested persons should complete the attached application. The application is also found on UTA's website: [www.rideuta.com](http://www.rideuta.com). If you have questions or need assistance completing the application, contact the UTA ADA Compliance Officer at (801) 287-3536 (voice) or dial 711 for the Utah Relay. Applications are accepted throughout the year.

All printed information is available in an alternate format upon request by contacting Cherissa Alldredge at (801) 287-3536.

## **Return your completed application to:**

CAT Membership

c/o UTA ADA Compliance Officer

669 West 200 South

Salt Lake City, UT 84101

**By FAX:** (801) 287-4520    **By email:** [calldredge@rideuta.com](mailto:calldredge@rideuta.com)

To be considered for the start of the 2016-2017 membership year (beginning in July), the completed application must be received at UTA no later than **5:00 PM, Friday, May 16, 2016.**



**Committee on Accessible Transportation (CAT)  
MEMBERSHIP APPLICATION**

Please PRINT clearly and complete each section.

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

Address: (street, city, zip code and county where I live)  
\_\_\_\_\_

County: \_\_\_\_\_

Email address: \_\_\_\_\_

Best telephone contact: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Which disability group do you feel you can best represent on the CAT? Write "1" by your first choice group and "2" by your second choice group in the spaces below. Please mark 2 groups ONLY.

- |  |   |
|--|---|
| <input type="checkbox"/> Blind/visually impaired                 | <input type="checkbox"/> Mental Illness           |
| <input type="checkbox"/> Deaf/hearing impaired                   | <input type="checkbox"/> Multiple disabilities    |
| <input type="checkbox"/> Physical Disabilities/Mobility Impaired | <input type="checkbox"/> Seniors age 65 and older |
| <input type="checkbox"/> Cognitive/learning disabilities         |   |

I use UTA services:     Yes     No     Sometimes     Never

Check all of the UTA services you do use.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Bus (fixed route) | <input type="checkbox"/> Paratransit  |
| <input type="checkbox"/> TRAX              | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> FrontRunner       |                                       |

Use additional pages to answer the next 3 questions.

A. Tell us about yourself.

- Personal information: experience with disabling conditions; where you live; education; family, etc.
- Work and training experiences if any
- Volunteer activities or experience
- Advocacy experience
- Community involvement

- B. Based on your experiences:
- What is the best thing about UTA services?
  - What needs improvement or change?

C. Interest to serve: Tell us why you want to become a member of the UTA CAT.

As part of the application process, you will be contacted by UTA staff to schedule an interview.

D. **References:** Please provide the names and phone contact numbers for 1 or 2 people who know you well. After your interview your references will be contacted. We'll ask about your potential to be an effective participant on the CAT.

\_\_\_\_\_

Reference name and phone #

\_\_\_\_\_

Reference name and phone #

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>UTA Use Only</b>
Date received: _____
Former CAT member? When served: _____
Family member serving on the CAT: _____
Interview conducted: _____
Action taken by UTA / CAT Planning Subcommittee: _____