

TRANSPORTATION
Received
JUL 02 2010
Baltimore Division

Thank you for your interest in serving on the BRTB's Citizen Advisory Committee (CAC). Please complete the application and return to the address on page 3.

Note: Members of the CAC are appointed for a three-year term. Meetings are generally held on the 1st Wednesday of the month at 5:30 p.m. Maximum attendance by members is expected. Members missing three consecutive, regularly scheduled meetings or a total of six regular meetings, during a twelve-month period shall be automatically reviewed by the Membership Sub-committee.

Name: Joey Oliver, Rand Hawkins
 Address: _____
 Phone: [H] _____ [W] _____ [Cell] _____
 Fax: _____
 Email: _____
 County or City of Residence: Anne Arundel County

BACKGROUND/INTERESTS

Please describe those facets of your background / experience which you feel may be useful for your participation on the CAC [Include personal and professional experience, degrees, skills, training, certification, licenses, etc.] *I am a College educated transportation professional with many years of experience in freight transportation. I am a holder of a Commercial license and have worked in most of the transportable areas including passenger. I also hold a real estate license in the State of Maryland. I have also enjoyed an opportunity of employment with the Anne Arundel County PD. I am also a Certified Safety / Trainee for Smith Systems.*

What suggestions, ideas, needs, or areas of concern do you want to see addressed in regional transportation planning for the Baltimore Region? *There is a need for discussions regarding the Rural Traffic Congestion in the region. I found major concern for the Toll System, or the System of tolls that we have in place throughout Baltimore and areas. Road Conditions are always a concern.*

The CAC has three standing committees. CAC members are expected to serve actively on at least one. Please choose your 1st, 2nd and 3rd preference below. (For a description of the three subcommittees, please visit www.baltometro.org/content/view/full/419/306)

- Membership Policy and Legislation Public Involvement

What modes of transportation do you use primarily for:

	Work	Other Activities	Concerned about
Automobile	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Freight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle/Motor Scooter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paratransit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pedestrian	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please rank the importance of these issues [circle number]:

	Low importance				High importance
Disability Access	1	2	3	4	(5)
Environmental Impact of Trans.	1	2	3	(4)	5
Expanding Transportation Options	1	2	3	(4)	5
Freight Movement	1	2	3	4	(5)
Improving Mobility	1	2	3	4	(5)
Pedestrian/Bicycle Issues	1	2	(3)	4	5
Roadways/Highways	1	2	3	(4)	5
Safety/Security	1	2	(3)	4	5
Traffic Congestion	1	2	3	4	(5)
Transit	1	2	(3)	4	5
Transit affordability	1	2	(3)	4	5
Transit Oriented Development	1	(2)	3	4	5
Other	1	2	3	4	(5)

Please specify: Funding AND TOLLS

In an effort to ensure that we represent the community at large, please list/check the following as they apply to you:

Gender: MALE Race/Ethnicity: BLACK

Age: 16-20 21-35 36-54 55 and over

Do you require any special accommodations to enable your attendance? If so, please specify:

NO

ORGANIZATIONAL INFORMATION

If you are representing an organization*, please complete the following:

Organization Name: _____

Mailing address: _____

Website: _____

* The CAC provides independent, region-oriented citizen advice to the BRTB. As such, the BRTB requests that employees of BRTB member agencies refrain from applying.

Does this organization represent any of the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Motorcycle/Motor Scooter |
| <input type="checkbox"/> Bicycle/Pedestrian | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Community | <input type="checkbox"/> Real Estate/Development |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Roadways/Highways |
| <input type="checkbox"/> Faith-based Organizations | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Fixed/Low-income | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Freight | <input type="checkbox"/> Transit |
| <input type="checkbox"/> Labor | |
| <input type="checkbox"/> Minorities (Please specify) _____ | |
| <input type="checkbox"/> Other (Please specify) _____ | |

Is this organization (Please check all that apply):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> For-Profit | <input type="checkbox"/> Community/Neighborhood |
| <input type="checkbox"/> Government | <input type="checkbox"/> Professional | |
| <input type="checkbox"/> Special Interest (please specify) _____ | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Does this organization focus upon or represent citizens in the following areas? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Annapolis | <input type="checkbox"/> Baltimore City |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Carroll County | <input type="checkbox"/> Harford County |
| <input type="checkbox"/> Howard County | <input type="checkbox"/> Other (please specify) _____ | |

Alternate Information: If you are unable to attend a meeting, who will be representing you/your organization?

Name: _____

Phone: _____

E-mail: _____

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Please return applications via mail, e-mail, or fax to:

Monica Haines Benkhedda, Public Involvement Coordinator
 Baltimore Metropolitan Council | 2700 Lighthouse Point East, Suite 310 | Baltimore, MD 21224
 Email: mhaines@baltometro.org | Fax: 410-732-8248