

Thank you for your interest in serving as a voting citizen member on the BRTB's Bicycle & Pedestrian Advisory Group (BPAG). Please complete the application and return to the address on page 3 by April 29, 2011.

Note: Citizen members of the BPAG are appointed for a two-year term. Meetings are generally held bi-monthly on the 1st Wednesday of the given month at 1:00 p.m. Attendance by members is expected. The BPAG includes two citizen members, one representing pedestrian interests and one representing bicycle interests.

Name: _____

Address: _____

Phone: [H] _____ [W] _____ [Cell] _____

Fax: _____

E-mail: _____

County or City of Residence: _____

BACKGROUND/INTERESTS

Are you interested in joining the BPAG to represent pedestrian or bicycle interests (choose one)?

Pedestrian

Bicycle

Please describe your experience related to the mode of transportation you have chosen. This can be your personal commuting habits, advocacy, and/or professional experience. You may include information about other modes you use but please focus on the mode you are applying to represent. **Please note that at the present time, we are only accepting applications for the Pedestrian position.**

Please describe any other facets of your background / experience which you feel may be useful for your participation on the BPAG [Include personal and professional experience, degrees, skills, training, certification, licenses, etc.]

What modes of transportation do you use primarily for:

| | <i>Work</i> | <i>Other Activities</i> | <i>Concerned about</i> |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Automobile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bicycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carpool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motorcycle/Motor Scooter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paratransit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pedestrian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transit | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 |
| 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 |
| Land Use & Transportation | 1 | 2 | 3 | 4 | 5 |
| Other | 1 | 2 | 3 | 4 | 5 |

Please specify: _____

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

Which of the following areas do you live or work in or know well? (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) _____ | |

2009 BPAG Citizen Application

AVAILABILITY FOR MEETINGS

If selected, I understand that as a Citizen Member of BPAG, I will be expected to attend meetings regularly during my two year term, and that meetings take place from 1-3 PM at Baltimore Metropolitan Council, generally on the first Wednesday of every other month.

Yes

No

ORGANIZATIONAL INFORMATION

If you are representing an organization related to bicycle and/or pedestrian transportation or related issues, please complete the following:

Organization Name: _____

Mailing address: _____

Web site: _____

Please provide a brief description of this organization:

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

Heather Strassberger, AICP, Bicycle & Pedestrian Planner

Baltimore Metropolitan Council | Offices @ McHenry Row | 1500 Whetstone Way, Suite 300 | Baltimore, MD 21230

E-mail: hstrassberger@baltometro.org | Fax: 410-732-8248