

Transit Security Advisory Committee (TSAC) Application

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The following voluntary information is requested for the VTA Transit Security Advisory Committee application process only. This information is not collected for any employment purpose and will be confidential and maintained in compliance with applicable California law.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

1. Which of the following best describes you? Check all that apply.

Ethnicity:

- Hispanic/Latino
- American Indian or Alaska Native (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- White (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)
- Other
- Decline to Answer

Age:

- 16-24
- 25-39
- 40-60
- 60+

Gender:

- Male
- Female
- Non-binary

Annual Income

- Less than \$30,000
- \$30,000 to \$60,000
- More than \$60,000

Housing Status:

- Homeowner
- Unhoused
- Renter
- Other

Do you identify as a veteran?

- Yes
- No

Are you a person with a disability(s)?

- Yes
- No

Sexual Orientation:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Transgender
- Other

2. **Are you part of an organization?**

- No Yes, please provide name

3. **In 2023, on average, how often did you ride VTA buses or trains?**

- Every day or most days A few times per year
 At least once a week Once a year or less
 At least once a month Never

4. **Do you have any relationships (professional, financial, or otherwise) that may present a potential conflict of interest in working with VTA or the Transit Security Advisory Committee?**

5. **Experience and Interest**

a. **Please select the area(s) of interest or experience.**

- | | |
|--|--|
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Youth Advocate | <input type="checkbox"/> ATU/AFSCME |
| <input type="checkbox"/> Community-based Organization | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Primary Transit User (Transit Dependent or Carless) | <input type="checkbox"/> Other: _____ |

b. **Describe the experience, knowledge, technical skills, and/or education, professional or otherwise, which you possess regarding the area(s) selected above. Please feel free to attach a resume.**

6. Are you a current or former member of any other VTA advisory committees? If yes, please describe:

7. Please state your reason(s) for applying to the Transit Security Advisory Committee.

8. How can you contribute to the mission of the Transit Security Advisory Committee?

9. What are your top goals for your tenure on the Transit Security Advisory Committee if your application is accepted?

10. Being a part of the committee means attending regular meetings at least until June 2026. Are you available to participate at this level? Meetings will be held in-person.

11. Please provide any additional information you think will support your selection to serve on VTA's Transit Security Advisory Committee.

12. What is your availability? Check all that apply.

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |

For any of the above questions, please feel free to attach additional page(s) if needed.

More information regarding Assembly Bill 1735 (AB1735) is available.

Note: It is important that you complete all parts of the application. If your application is incomplete, your application may not be accepted.

APPLICANT SIGNATURE: _____ **DATE:** _____

How to submit your form and relevant attachments:

1) Email board.secretary@vta.org

2) Mail

Santa Clara Valley Transportation

ATTN: Board Secretary Office/Transit Security Advisory Committee

3331 North First Street

San Jose, CA 95134

3) Drop off at any of the following VTA Customer Care locations during operating hours:

Downtown Customer Service Center

2 North Market Street

San Jose, CA 95113

Monday - Friday, 9 am – 6 pm

VTA Headquarters

3331 North First Street

San Jose, CA 95134

Monday - Friday, 8:30 am – 4 pm

Feel free to call (408) 321.5680 with any questions.

The application period closes Friday, August 30, 2024