



Applications may be sent to:
 MAIL: 700 W. St. Germain St., St. Cloud, MN 56301
 EMAIL: RAC@stcloudmtc.com
 FAX: 320.257.7693

RIDERS ADVISORY COMMITTEE (RAC) APPLICATION

The RAC meets from 9-10 am on the third Tuesday of each month.

Meetings are held monthly at the Mobility Training Center, 700 W. St. Germain St., St. Cloud.

CONTACT INFORMATION

First Name:		Last Name:	
Address:		City:	ZIP:
Best phone number to reach you during daytime hours?		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Email:			

DEMOGRAPHIC INFORMATION

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	Age:
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, first language:	
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed <input type="checkbox"/> Other		
If other, please explain:		
Are you Transit Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PUBLIC TRANSPORTATION EXPERIENCE Mark all that apply

<input type="checkbox"/> Current Metro Bus Fixed Route customer	<input type="checkbox"/> Previous Metro Bus Fixed Route customer
<input type="checkbox"/> Current Metro Bus Dial-a-Ride customer	<input type="checkbox"/> Previous Metro Bus Dial-a-Ride customer
<input type="checkbox"/> Never a Metro Bus customer	<input type="checkbox"/> Other:
For current and previous customers: What is/was your primary trip purpose?	
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Medical <input type="checkbox"/> Shopping <input type="checkbox"/> Recreation <input type="checkbox"/> Other:	

INTEREST: Why do you wish to serve on this committee?

If additional space is needed, you may continue on back or attach to this form