



*City of Carmel-by-the-Sea • City of Del Rey Oaks • City of Gonzales • City of Greenfield
 City of King • City of Marina • City of Monterey • City of Pacific Grove • City of Salinas
 City of Sand City • City of Seaside • City of Soledad • County of Monterey*

MST Mobility Advisory Committee Membership Application

Name: _____

Address: _____ Apt. # _____

City _____ Zip Code _____

Telephone (831) _____ Email _____@_____.

Cell Phone (optional) () _____

Please identify all categories that apply to you.

	CATEGORY	DESIGNATE IF YOU ARE A CONSUMER AND/OR IF YOU REPRESENT AN AGENCY OR ORGANIZATION
1	Vision Impaired	
2	Hearing Impaired	
3	Physically Impaired	
4	Mentally Impaired	
5	Senior	
6	Low Income	
7	Youth	
8	Educator or Student	
9	Nonprofit Provider	
10	Salinas	
11	Monterey Peninsula	
12	South County Resident ⁽¹⁾	
13	North County Resident ⁽²⁾	

⁽¹⁾ King City, Greenfield, Soledad, Gonzales, Chualar

⁽²⁾ Marina, Castroville, Prunedale, Aromas

Statement of Interest

1. Your reasons for applying for membership to the Mobility Advisory Committee and the assets you would bring to it.

2. Your background, experience, and/or knowledge in public health, healthcare, mental health, policy, program planning and development, quality improvement, and/or research/data related to public health and mental health.

3. How you will obtain input from constituencies that you represent and how you will communicate the issues addressed by the Committee with community members.

When completed, please return via mail or fax to the following:

Claudia Valencia, Mobility Specialist
15 Lincoln Avenue
Salinas, CA 93901
Fax: (831) 296-8826

Thank you for your interest in serving as a member the Mobility Advisory Committee.