



260 North San Antonio Road., Suite B Santa Barbara, CA 93110  
Phone: 805/961-8900 Fax: 805/961-8901 www.sbcag.org

## Application for Appointment\* Measure A Citizens Oversight Committee

Thank you for your interest in being considered for appointment to the Measure A Citizens Oversight Committee. The Santa Barbara County Association of Governments encourages civic-minded individuals who represent a balance of transportation users and geographic, social, cultural, and economic interests in the county to serve on the Measure A Citizens Oversight Committee.

(Print clearly or type responses)

Name: \_\_\_\_\_  
FIRST MIDDLE (optional) LAST

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile/Cell: \_\_\_\_\_

Current/Previous Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

### DEMOGRAPHIC QUESTIONS

SBCAG must comply with Title VI of the Civil Rights Act of 1965 to receive federal aid through the U.S. Department of Transportation. In order to comply with this requirement, SBCAG seeks to understand the demographic information of members in transit-related, non-elected planning boards, advisory councils or committees, or similar bodies.

1. Gender: How do you identify?

- Female  Male  Non-binary  Prefer to not answer  Prefer to self-describe, below:

\_\_\_\_\_

2. I identify as a person of Hispanic, Latino, or Spanish origin: (select all that apply)

- No, not of Hispanic, Latino, or Spanish origin  Yes, Cuban  
 Yes, Mexican, Mexican American, Chicano  Yes, Other  
 Black or African American  Prefer not to answer  
 Yes, Puerto Rican

3. I identify my race as: (select all that apply)

- No, not of Hispanic, Latino, or Spanish origin  Yes, Cuban  
 Yes, Mexican, Mexican American, Chicano  Yes, Other  
 Black or African American  Prefer not to answer  
 Yes, Puerto Rican

\*Employees and elected officials of local governments in Santa Barbara County, employees or policy board members of transit districts in Santa Barbara County, and persons with a personal financial interest in a project or program in the Measure A Investment Plan are ineligible to serve as representatives on the committee.



4. What would you hope to accomplish by participating in the Measure A Citizens Advisory Committee?

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5. In what part(s) of the County do you live and work?

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6. In what community activities or organizations have you participated (transportation related or other)?

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Submission of this application does not guarantee you will be selected to serve. Appointees serve without compensation and are not considered to be SBCAG employees for the purposes of benefits, such as worker’s compensation, health insurance, etc.

**Return a completed application via U.S. Postal Service:**

Santa Barbara County Association of Governments  
Attn: Lauren Bianchi Klemann, Government Affairs / Public Information Manager  
260 N. San Antonio Road, Suite B, Santa Barbara, CA 93110

**OR, electronically via email:**

lbianchiklemann@sbcag.org

**THIS APPLICATION IS A PUBLIC RECORD AND SUBJECT TO DISCLOSURE**