COMMUNITY ADVISORY COMMTTEE

Completing this form indicates your interest in being considered for appointment to the Community Advisory Committee (CAC).

NAME _____
(Last) (First) (M.I.)

HOME ADDRESS_____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

****

OCCUPATION _____
(If retired, please indicate so and include former occupation)

PRESENT EMPLOYER_____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS TELEPHONE NUMBER_____

Preferred Mailing Address: Home _____ Business _____ (Check only one)

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STATISTICAL INFORMATION:

Age Group: 18-34 _____ 35-60 _____ Over 60 _____

Gender _____

Race _____

Community _____

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HAMPTON ROADS PDC PLANNING DISTRICT COMMISSION

the heartbeat of HAMPTON ROADS TPO TRANSPORTATION PLANNING ORGANIZATION

Name: _____

Explain why you are interested in serving on the Community Advisory Committee and how you feel you can contribute to the organization:

_____

_____

_____

Qualifications for appointment:

_____

_____

_____

Volunteer Experience and Other Community Involvement:

_____

_____

_____

***Your Signature:** _____

***Date:** _____

NOTE: "Signature" and "Date" lines must be completed.

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Please return this form to:

Mail:
Kendall Miller
HRPDC/HRTPO
Subject: CAC Application
723 Woodlake Drive
Chesapeake, VA 23320

or

E-mail:
kmiller@hrtpo.org
Subject: CAC Application

For questions, please contact Kendall Miller at (757) 420-8300.

***The HRPDC/HRTPO will maintain this form in our records two years and the information is subject to disclosure under the Freedom of Information Act.**

Revised – 1/28/20