

Application for
Harrisonburg Transportation Safety & Advisory Commission's
Bicycle & Pedestrian Subcommittee

Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Current or most recent employer:

Your position(s): _____

Duties:

Current or most recent volunteer organizations:

Your position(s): _____

Duties:

Are you subscribed to the City's Bike-Ped email list? YES NO

 If not, would you like to be? YES NO

How many Bike-Ped Subcommittee meetings have you attended in the last 12 months? _____
(Applicants are encouraged to attend the next subcommittee meeting to introduce themselves, and share their background and interest.)

The meeting schedule is listed at: www.harrisonburgva.gov/bicycle-pedestrian-subcommittee

Will you be able to attend meetings based on the schedule listed online? YES NO

(Note: This is a working committee, and sometimes requires some work outside of meetings.)

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Do you have any experience working with committees?
Please name the committee(s) and describe your involvement:

What experience or interest do you have that will help you on the Bicycle & Pedestrian Subcommittee?

Please list any other information that may indicate your interest in an appointment by the Transportation Safety & Advisory Commission to the Bicycle & Pedestrian Subcommittee.