

# Access-a-Ride Paratransit Advisory Committee



Thank you for your interest in serving on our committee. Please complete the application below. Please provide all information requested. Applications with blank entries will not be considered. Successful applicants will be notified in late June or early July.

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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## Best way to contact you:

Phone

Email

Mail

## How often do you use RTD services (bus, rail, Access-a-Ride, Call-n-Ride, etc)?

Once a week or more

Less than once a week, but at least once in the past 3 months

Have ridden before but not in the past 3 months

Never

## What RTD services do you use?

Bus

Light Rail

Free MallRide/FreeMetroRide

Commuter Rail

Access-a-Ride

Other

Call-n-ride

**This committee plans to meet every other month on the second Tuesday from 10:00 a.m. - 12:00 p.m. Are you able to meet at that time?**

Yes

No

**If selected to participate on this committee, will you be participating as an individual or representing a group/organization?**

I will be participating as an individual

I will be representing a group/organization

If representing a group/organization, which one(s) do you represent?

**Are you affiliated with any group/organization that represents people with disabilities?**

Yes

No

If yes, please list the groups/organizations and how you are affiliated.

**Memberships/Organizations/Volunteer Activities you're involved with (include past or present)**

**Essay Questions** Please answer the following essay questions to be considered for this committee. Responses are limited to 300 words or less.

**What would you like to see accomplished during your participation on this committee?**

**Please describe your interest in this committee. Include how your experience, perspectives, knowledge, skills, and abilities will impact the success of the committee.**

**Signature:**

**Date:**

**If you need this information in a different accessible format or need assistance completing it, please contact the ADA Manager's Office at [larry.buter@rtd-denver.com](mailto:larry.buter@rtd-denver.com) or at 303-299-2847.**

**Return completed form to:**

**Larry Buter  
1600 Blake Street, BLK-31  
Denver, CO 80202**

**303-299-2847  
[larry.buter@rtd-denver.com](mailto:larry.buter@rtd-denver.com)**