



Statement of Interest for St. Louis Metro Transit Accessibility Advisory Committee

General Information

Name:
Agency or Title:
Address:
City:
State:
Zip Code:
E-mail Address:
Phone/Cell Phone #:
Pronouns:

*Please feel free to attach additional sheets as needed.



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Expectations

1. The committee plans to meet every other month, for approximately 1-2 hours. Do you commit to attending 4 of 6 regular meetings each year?

Yes

No

2. Are you willing to serve in a leadership position or on a subcommittee which will require added meeting times?

Yes

No

3. Are you willing to educate other disability community members/older adults on initiatives and activities involving Metro Transit?

Yes

No



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4. Are you willing to share your personal experiences related to transit?

Yes

No

N/A

5. Meetings and information about the committee will be made available to the public. Are you willing for your name and information related to your work on the committee to be shared?

Yes

No

6. How will you be taking part?

As an individual transit user

As a family member/caregiver of an individual

As a representative of an agency, organization, or employer



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Disability Experience

Metro Transit is committed to an Accessibility Advisory Committee that reflects the diversity of its ridership with a focus on people with disabilities and older adults.

7. Tell us about your personal disability experience (check all that apply):

- Blind/Visually Impaired
- Deaf/Hard of Hearing
- Developmental
- Intellectual
- Invisible
- Mental Health
- Older Adult
- Neurodivergent (includes Autism)
- Physical
- I do not have a disability
- Not listed here- _____



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8. Please share any information about your personal disability experience.

9. Please share any relevant areas of expertise (personal or professional, unpaid or paid) that would be beneficial to the committee.



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Ridership Experience:

10. What modes of public transportation do you use?

(Choose all that apply):

MetroBus

MetroLink

ADA Paratransit (e.g., Metro Call-A-Ride, Alternative Transportation Service)

Micro Transit (e.g, Via Metro St Louis)

None or Other (please specify): _____

11. On average, how many days of the week do you usually ride Metro Services? (choose one)

0

1

2

3

4

5

6

7



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12. Which other forms of transportation do you use? (choose all that apply):

- Ridesharing (e.g., Uber, Lyft)
- Taxis
- Personal Vehicle
- Rides from Others
- Medical Transport
- Bicycle
- Other (please specify) _____

13. Please share any barriers to transportation you have experienced.



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14. Why do you want to take part on the St. Louis Metro Transit Advisory Committee?

15. What ideas do you have for the future of Metro Transit (MetroBus, MetroLink, Call-A-Ride)? What would you like to see?



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16. Is there anything else you would like the selection committee to know about you?

Diversity Information

St. Louis Metro Transit Accessibility Advisory Committee is *intended* to represent the diversity of our region. Your responses to the following questions will help us ensure the committee reflects diversity. Completion of this data is **voluntary**.

Age

- 21 or under
- 22- 35
- 36-64
- 65+
- Prefer not to say



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Gender

Male

Female

Non-binary

Prefer not to say

Not listed _____

Select the item that best describes your racial/ethnic background: (Check all that apply)

American Indian/Alaska Native

Asian

Black/African American

Hispanic/Latino

Native Hawaiian/Pacific Islander

White

Prefer not to say

Not listed _____

By submitting this application, I affirm the information is true.

Name and Date