



Jackson Area Transportation Authority Indication of Interest Form For Open Board Position

The Jackson Area Transportation Authority Nominating Committee requests that interested persons complete the following information for consideration as an Appointee to Its Board:

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____
Street City Zip

TELEPHONE: _____
Home, Work, Cell or Business (include area code) e-mail address

EMPLOYMENT: _____
Current Employer Position Years

EDUCATION: _____

COMMUNITY INVOLVEMENT:

Activity/Organization:	Length of Service:	Position(s) Held:
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INDICATE WHY YOU ARE REQUESTING APPOINTMENT TO THIS BOARD:

REFERENCES:

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature Date