



## 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