



Metro

Los Angeles County
Metropolitan Transportation Authority

One Gateway Plaza
Los Angeles, CA 90012-2952

213.922.2000 Tel
metro.net

**Transit Public Safety Advisory Committee
(PSAC)
Membership Application**

Thank you for your interest in Metro’s **Transit Public Safety Advisory Committee (PSAC)**. We are looking for individuals who regularly ride Metro’s system, and who are committed to ensuring that Metro follows best practices for providing a service by which its customers feel and are safe. Advisory Committee members should bring relevant knowledge and expertise as residents, advocates for racial justice and/or public safety reform, law enforcement experts, mental health providers or experts, and/or social services providers or experts. The committee will help facilitate a community-based approach to public safety on Metro’s transit system. *Please note, members serving on the PSAC are not required to be U.S. citizens.*

We appreciate your willingness to give of your time and expertise to this important work and thank you for being a part of the movement to continually ensure that Metro provides a world-class transportation for all.



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First Name: _____ Last Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

1. Which of the following best describes you? Check all that apply.

Ethnicity:

- Asian/Pacific Islander
- Black/African American
- Caucasian
- Hispanic/Latinx
- Native American
- Other

Age:

- 16-24
- 25-39
- 40-60
- 60+

Gender:

- Male
- Female
- Non-binary

Annual Income:

- Less than \$30,000
- \$30,000 to \$60,000
- More than \$60,000

Housing Status:

- Homeowner
- Unhoused
- Renter
- Other

Are you a person with a disability(s)?

- Yes
- No

Sexual Orientation:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other

2. Are you affiliated with any organizations or unions?

- No
- Yes, please provide name: _____



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3. In 2019, on average, how often did you ride Metro buses or trains?

- | | |
|---|---|
| <input type="checkbox"/> Every day or most days | <input type="checkbox"/> A few times per year |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Once a year or less |
| <input type="checkbox"/> At least once a month | <input type="checkbox"/> Never |

4. Do you have any relationships (professional, financial, or otherwise) that may present a potential conflict of interest in working with Metro or the Public Safety Advisory Committee?

5. Experience and Interest

a. Please select the area(s) of interest or experience.

- | | |
|--|--|
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Racial justice |
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Public transit and/or Equitable transit | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Primary Transit User (Transit Dependent or Carless) | <input type="checkbox"/> Other: _____ |

b. Describe the experience, knowledge, technical skills, and/or education, professional or otherwise which you possess regarding the area(s) selected above. Please feel free to attach a resume.



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6. Are you a current or former member of any other Metro advisory committees? If yes, please describe:

7. Please state your reason(s) for applying to the Public Safety Advisory Committee.

8. How can you contribute to the mission of the Public Safety Advisory Committee?

9. What are your top goals for your tenure on the Public Safety Advisory Committee if your application is accepted?



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10. Being a part of the committee means attending regular meetings at least until June 2022. Are you available to participate at this level?

11. Please provide any additional information you think will support your selection to serve on Metro’s Public Safety Advisory Committee.

For any of the above questions, please feel free to attach additional page(s) if needed.

Note: It is important that you complete all parts of the application. If your application is incomplete, your application may not be accepted.

APPLICANT SIGNATURE: _____ DATE: _____

Return this form and relevant attachments to:

Imelda Hernandez, One Gateway Plaza, Mail Stop 99-25-1, Los Angeles, CA 90012-2952 or email to PSAC@metro.net. Feel free to call (213) 922.4848 with any questions.

Application period closes Friday, November 6, 2020