

APPLICATION FOR WHEELS AMBASSADOR PROGRAM

DUE DATE DEADLINE, December 15, 2016

Open to all Tri-Valley High School Students

Only (2) will be selected per High School

Applicant's Name:						DOB:		
Address:						City:	_	
Phone: En					Email:	mail:		
Please	complete all	of the s	ections bel	ow. Pleas	se circle the ans	swers;		
1.)	Do you ride the WHEELS bus system? (Please Circle)							
,	Yes	No	,	(,			
2.)	Have you ridden on some or all of our routes? (Please Circle)							
	Some	All						
3.)	Are you a regular rider? (Please Circle)							
	Yes	No						
4.)	Do you also t	you also take transportation outside of the Tri-Valley? (Please Circle)						
	Yes	No						
5.)	Do you ride BART? (Please Circle)							
	Yes	No						
6.)	Do you ride ACE? (Please Circle)							
	Yes	No						
7.)	How well do you think you know the WHEELS system? (Please Circle)							
	Extremely We	ell	Well	Ok	Learning it	Not at all		

Why do you see the i Valley?	mportance of training people and to promote alternative transportation in the Tri-
Additionally, you will	to complete 2 HOURS of class training and at least 2 HOURS of on board training. observe our customer service department for 1 HOUR. Will there be a problem ng hours? During (8am-5pm) (Please Circle)
Yes	No
THIS PORTION OF TH	E APPLICATION IS A BRIEF SUMMARY OF WHY YOU WANT TO BECOME A
WHEELS AMBASSADO	OR TO HELP TRAIN OTHERS ON OUR SYSTEM. 100 WORDS OR LESS;
Your Summary will be	e evaluated on your ability to work and train <u>all</u> of WHEELS passengers.
training in December	tes your commitment to our Ambassador Program. If selected, you will receive your in addition to your Certification when all training is completed. You will then receive EELS AMBASSADOR PASS.
	, the undersigned do affirm that the above statements are true and correct ge and accept the commitments imposed upon the position as a LAVTA Transit
Signature:	Date: