



Do you live, work, or represent an organization that serves the four-county SJTPO region (Atlantic, Cape May, Cumberland, and Salem Counties)? (Please select all that apply)\*

Live (which county?) \_\_\_\_\_

Work (which county?) \_\_\_\_\_

Represent an Organization (please write-in the items below)  
Name of the Organization\* \_\_\_\_\_

Describe the purpose of the Organization\*

Describe the group(s) the Organization serve(s)\*

### Demographics

Membership will ideally represent the region's demographic diversity. Please help us create a more inclusive group by sharing some of your demographic characteristics.

#### AGE

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Under 18 years | <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 60-64 years       |
| <input type="checkbox"/> 18-24 years    | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 65-74 years       |
| <input type="checkbox"/> 25-34 years    | <input type="checkbox"/> 55-59 years | <input type="checkbox"/> 75 years and over |

#### RACE (CHOOSE ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> White                       | <input type="checkbox"/> Asian or Pacific Islander         |
| <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> Other, Please Specify _____ |  |

#### ARE YOU OF SPANISH, HISPANIC, OR LATINO ORIGIN?

- Yes       No

#### PREFERRED PRONOUNS

- She/Her       He/Him       Them/Their
- Other, Please Specify \_\_\_\_\_

## Access and Accommodations

The following questions are only intended to assess your ability to access COEC meetings and inform SJTPO on possible accommodations that may need to be made regarding possible in-person and/or virtual meetings. **The answers to these questions will not be used to make decisions regarding membership eligibility.** For any questions unanswered, SJTPO will assume no accommodations are needed.

Are you able to read, speak, and understand English very well?

Yes       No

Please list any languages other than English that you can speak and/or write. Please note if a language other than English is your primary language.

Please indicate if you require any other accommodations, including, but not limited to audio or visual accommodations.

Do you have a driver's license and access to a personal vehicle to attend an in-person meeting?

Yes       No

Do you have access to a personal desktop, laptop, or tablet computer, with a stable internet connection, and the ability to participate in a virtual meeting via GoToMeeting, Zoom, or other virtual meeting platform?

Yes       No

If you wish to provide details regarding any necessary accommodations or barriers to participation in the COEC, you may do so here.

## SUBMIT APPLICATION

By submitting this application, you agree that all required information provided herein is complete and accurate to the best of your knowledge and understand that incorrect or missing information could result in removal from consideration or membership from the COEC.

To submit your application, save this document as a pdf and email it to [COEC@sjtpo.org](mailto:COEC@sjtpo.org). If you do not get a confirmation email that your application was received, please call (856) 794-1941 and ask for Melissa Melora. Applications are accepted year-round and reviewed annually in December/January.