



## **AGOURA HILLS YOUTH COUNCIL**

### **MISSION STATEMENT:**

The City of Agoura Hills Youth Council is a youth leadership and advisory committee intended to provide opportunities for youth to move through their teen years connected to their community and its values. Representatives in the Youth Council are youth, ages 10 to 17. The Youth Council is active throughout the calendar year building assets for and with youth through community service activities.

### **APPLICATION INFORMATION:**

#### **ELIGIBILITY**

- You must be enrolled as a middle school or high school student. Public, private, and home-schooled students are eligible.
- Maintain a 2.0 GPA
- You must be a resident of Agoura Hills or a student within the Las Virgenes Unified School District.
- You must be able to attend monthly City of Agoura Hills Youth Council meetings held the third Friday of every month from 3:30 – 5:00 PM at the Agoura Hills Recreation Center starting September 16<sup>th</sup>.

All application materials should be sent to or dropped off at:

**City of Agoura Hills  
Attn: Jacob Broyles  
30610 Thousand Oaks Blvd.  
Agoura Hills, CA 91301**



**Agoura Hills Department of Community Services**  
**30610 Thousand Oaks Boulevard - Agoura Hills, CA 91301 - (818) 597-7361**

Youth Council Application  
(Please type or print clearly)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you learn about the Youth Council?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience and education that might help qualify you for the Youth Council. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any memberships you hold in any clubs or community organizations. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What would you like to see the Youth Council accomplish?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State several reasons why you wish to serve on the Youth Council Committee. \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to attend meetings on a monthly basis?

Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the City of Agoura Hills and the owners of City contracted facilities, and any of their contractors, employees, and agents from any liability or claim or action for damages resulting from or in any way arising out of the participation in this program by the person registered.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

Individuals with disabilities requiring any accommodations to participate in the program in which you are registering must inform the City of Agoura Hills at the time of registration is submitted. Individuals needing such accommodations must document the need for such accommodations including the type and extent of accommodations to complete the registration form and participate in the program.