



30001 Ladyface Court, Agoura Hills, CA 91301 (818) 597-7303

**AGOURA HILLS/CALABASAS COMMUNITY CENTER  
JOINT POWERS AUTHORITY BOARD APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip Code

TELEPHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU CURRENTLY A RESIDENT OF AGOURA HILLS?  Yes  No HOW MANY YEARS? \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DESCRIBE YOUR FAMILIARITY WITH THE AGOURA HILLS/CALABASAS COMMUNITY CENTER:

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

DESCRIBE ADDITIONAL EDUCATION AND/OR EXPERIENCE THAT MIGHT HELP YOU QUALIFY:

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

WHY ARE YOU INTERESTED IN SERVING ON THIS BOARD? \_\_\_\_\_

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

LIST THREE (3) PERSONS WHO WILL SUPPORT THIS APPLICATION (May be non-relatives who live in the City):

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

WHAT COMMUNITY ORGANIZATIONS HAVE YOU SERVED ON? \_\_\_\_\_

\_\_\_\_\_

AHCCC JPA Board Meetings are typically held in the evening on the fourth Thursday of the month at 6:30 p.m.

I AM AVAILABLE TO ATTEND EVENING MEETINGS  Yes  No

SIGNATURE OF APPLICANT \_\_\_\_\_

*Individuals with disabilities requiring any accommodation to participate in the application and selection process must inform the City of Agoura Hills at the time this application is submitted. Individuals needing such accommodations must document the need for such accommodation, including the type and extent of accommodations needed to complete the application form, participate in the selection process or perform the volunteer duties/job for which they are applying.*