



30001 Ladyface Court, Agoura Hills, CA 91301 (818) 597-7300

## Community Services Coalition 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 EXPERIENCE OR INVOLVEMENT WITH OTHER COMMUNITY SERVICE ORGANIZATIONS:

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

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WHY ARE YOU INTERESTED IN SERVING ON THE COMMUNITY SERVICES COALITION?

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WHAT ROLE WOULD YOU LIKE TO SEE THE COMMUNITY SERVICES COALITION TAKE IN AGOURA HILLS WITH RESPECT TO ISSUES THAT SURROUND THE QUALITY OF LIFE?

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WHAT DO YOU BELIEVE ARE THE IMPORTANT ISSUES FACING THE COMMUNITY AND THE CITY OF AGOURA HILLS?

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PLEASE FEEL FREE TO INCLUDE A RESUME AS IT PERTAINS TO THE COMMUNITY SERVICES ARENA.

LIST THREE (3) PERSONS WHO WILL SUPPORT THIS APPLICATION:

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

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

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

IS THERE ANY REASON YOU COULD NOT ATTEND A MORNING/EVENING ONCE OR TWICE A MONTH MEETING?

Yes

No

*I acknowledge that the application and any documents submitted in conjunction with the application are public records subject to disclosure pursuant to the Public Records Act.*

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.*



## **Question: What is the City of Agoura Hills’ “Community Services Coalition?”**

The Agoura Hills City Council made a commitment to the residents of Agoura Hills that their quality of life was a priority. Recently, the community has been faced with issues and events, many of them being tragic. The City Council decided that it was critical for them to be proactive, by taking a leadership role in examining these issues.

One of the main goals of the Community Services Coalition will be to assist the City Council in further developing what their vision is of the quality of life here, in Agoura Hills. They will also serve as a vehicle to identify relevant issues affecting this community.

For more specific information on the Community Services Coalition or the entire Community Services Initiative: 2012, please contact Amy Brink, Director of Community, at [ajbrink@ci.agoura-hills.ca.us](mailto:ajbrink@ci.agoura-hills.ca.us) or 818.597.7361.

The application process will open Monday, July 16 and close Friday, August 10, 2012 at 4:00 p.m. If you would like to obtain an application, please contact:

**CITY OF AGOURA HILLS**  
30001 Ladyface Court  
Agoura Hills, CA 91301  
818.597.7300  
[www.ci.agoura-hills.ca.us](http://www.ci.agoura-hills.ca.us)