



Community Services Coalition Application

Name: _____

Address: _____

Phone Number: _____

Email: _____

Are You Currently a Resident of Agoura Hills?: YES NO How Many Years?: _____

Occupation: _____

Describe Your Experience or Involvement with Community Organizations:

Describe Additional Education and/or Experience That Might Help You Qualify:

Why Are You Interested In Serving on the Community Services Coalition?

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? _____



What Do You Believe are the Important Issues Facing the Community and the City of Agoura Hills?

List Three (3) Persons Who Will Support This Application

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

**Is There Any Reason You Could Not Attend An 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.

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