



AGOURA HILLS/CALABASAS COMMUNITY CENTER JOINT POWERS AUTHORITY BOARD APPLICATION

Name: _____

Address: _____

Phone Number: _____

Email: _____

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

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.

_____ 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.