



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

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

NAME: _____

ADDRESS: _____
Street City Zip Code

TELEPHONE: _____ (Home) _____ (Business)

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

OCCUPATION: _____

DESCRIBE YOUR UNDERSTANDING OF THE PURPOSE AND FUNCTION OF 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? _____

IS THERE ANY REASON YOU COULD NOT ATTEND AN EVENING MEETING? 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.