



## **AGOURA HILLS TEEN PLANNING ADVISORY COMMITTEE**

### **Now seeking members!**

Thank you for your interest in the City of Agoura Hills Teen Planning Advisory Committee, or TPAC, for 6<sup>th</sup>-8<sup>th</sup> graders. TPAC meets the first Friday of every month, 4-5pm. Meetings are at the Recreation and Event Center at 29900 Ladyface Ct. Agoura Hills, CA 91301.

#### **MISSION STATEMENT:**

The City of Agoura Hills Teen Planning Advisory Committee is a youth leadership and advisory committee intended to provide opportunities for youth to move through their teen years connected to their community and its values. Representatives in TPAC are youth in grades 6-8. TPAC is active throughout the school calendar year.

#### **ELIGIBILITY:**

- Enrolled as a middle school student. Public, private, and home-schooled students are eligible.
- Maintain a 2.0 GPA
- Resident of Agoura Hills or a student at a private school or student within the Las Virgenes Unified School District.
- Must be able to attend monthly City of Agoura Hills Teen Advisory Committee meetings on the first Wednesday of every month, 3-4pm.

All applications must be turned in at:

**Agoura Hills Recreation & Event Center  
Attn: Kaitlyn Roush  
29900 Ladyface Court  
Agoura Hills, CA 91301**

**Agoura Hills Department of Community Services  
29900 Ladyface Court Agoura Hills, CA 91301 | 818.597.7361**



**TPAC Application**  
(Please type or print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn about TPAC?

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Describe your experience and education that might help qualify you for TPAC.

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List any memberships you hold in any clubs or community organizations. \_\_\_\_\_

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What would you like to see TPAC accomplish?

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Why do you wish to serve on TPAC? (3-4 Sentences) \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to attend meetings on a monthly basis? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

In consideration of accepting this registration, I hereby agree to indemnify and hold harmless the City of Agoura Hills and the owners of City contracted facilities, and any of their contractors, employees, and agents from any liability or claim or action for damages resulting from or in any way arising out of the participation in this program by the person registered.

*\*Individuals with disabilities requiring any accommodations to participate in the program, in which they are registering, must inform the City of Agoura Hills at the time the registration is submitted. Individuals needing such accommodations must document the need for such accommodations, including the type and extent of accommodations, in order to participate in the program.*