



Council on Aging Application

City of Thousand Oaks
City Clerk Department
2100 E. Thousand Oaks Blvd.
Thousand Oaks, CA 91362
Phone (805) 449-2151
Fax (805) 449-2150
cityclerk@toaks.org

The Thousand Oaks City Council seeks residents to serve on this Committee, which has been established to make recommendations to the City Council on matters of concern to seniors. (Please note: Participants must be residents of the City and 55 years of age or older. Individuals may serve on only one Standing Committee at a time.) Please type or clearly print on this application; **resumes are encouraged and should be attached.** Please submit completed applications to the City Clerk Department prior to the established closing date. ***Applications are a matter of public record and available for public review upon appointment recommendation.*** Thank you for your interest and willingness to serve the City of Thousand Oaks!

Personal Information

Last Name	First Name __Mr. __Mrs. __Ms. __Dr.	Home Phone #	Cell/Business Phone #
Residence Address-Street, City, Zip			
Preferred Email Address		How did you learn of this vacancy?	
According to the Council's By-Laws, members must be 55 years or older. By checking this box <input type="checkbox"/> I affirm that I meet this requirement.			

Occupation/Work History

Check all applicable: ___ Retired ___ Employed ___ Unemployed ___ Military ___ Other

Company/City, State	Job Title	Duty Summary-list all relevant history supporting favorable appointment

Community Activities

If you have been a Member of a City Board, Commission or Committee, please list the following:	
Committee name	Dates
Committee name	Dates
Please list current and past civic, fraternal, volunteer and non-profit organizations in which you are or have been active:	
Organization name	Dates
Organization name	Dates

Appointment Interest

Add additional attachments to this application, as needed.

Please provide a brief statement indicating why you wish to serve on this Committee and what you believe you can contribute.

What specific objectives would you be working towards as a member of this Committee?

Summarize your qualifications for appointment; include education, training, experience, licenses, etc. A resume is encouraged-please attach.

CERTIFICATION

By checking this box ☐ I hereby certify:

- That all information in this application is complete, truthful, and accurate to the best of my knowledge.
- If appointed, I understand it is my responsibility to notify the City of changes that would affect my membership on the committee.
- I recognize that Board/Commission/Committee membership requires my attendance at meetings and/or events. I am willing and able to make this commitment of time and effort to serve.
- I affirm that I meet the age eligibility requirements to serve on this committee (55 years or older).
- I understand that the Public Records Act (PRA) allows for public review of this application.

Print Name

Signature

Date

For office use only	
Closing Date	Incumbent ____Yes ____No
Appointed By	Residency Confirmed
Appointment Date	Age Requirement Met
Term Expires	

Applications MUST be submitted before the established filing deadline.

Submit to: Mail: City of Thousand Oaks, City Clerk Department, 2100 E. Thousand Oaks Boulevard, Thousand Oaks, CA 91362

or Fax: (805) 449-2150 or Email: cityclerk@toaks.org

In compliance with the Americans with Disabilities Act, if you need special assistance to read this application, please contact the City Clerk Department (805) 449-2151.

