

CITY of CALABASAS

APPLICATION FOR APPOINTMENT

AS A MEMBER OF:	
□ Agoura Hills/Calabasas Community Center Board	
□ Architectural Review Panel	
□ Art in Public Places Advisory Committee	
□ Arts Council	
□ Communications and Technology Commission	
□ Environmental Commission	
☐ Historic Preservation Commission	
□ Library Commission □ Mayor's Youth Council	
■ Parks, Recreation & Education Commission	
□ Planning Commission	
□ Public Safety Commission	
□ Traffic & Transportation Commission	
☐ The Calabasas Community Foundation, Inc.	
■ Student Member Name of School: Calabasas	High School Grade: 11
□ Other:	
ARE THERE ANY WORKDAY EVENINGS YOU COULD	NOT MEET? ⊕ YES ® NO
If yes, when:	
NAME:Michael Bronshteyn	
ADDRESS:	
Check one: Calabasas, 91302 Calabasas, 91301	© Topanga, 90290
HOME PHONE:	CELL PHONE:
E-MAIL:	
REGISTERED VOTER IN CALABASAS? @YES @NO	IF STUDENT, PRE-REGISTERED: ® YES ⊕ NO
OCCUPATION: Student	EMPLOYER:
BUSINESS TELEPHONE:	
BUSINESS ADDRESS:	
TYPE OF BUSINESS:	
EDUCATION: Currently high school junior	

CIVIC AFFILIATIONS:

Soles 4 Smiles Sonste

COMMUNITY INTERESTS:

Environmental projects (Bags 4 Benches)
ASB Junior class president setting up 5+ passion projects
NHS tutoring commissioner

PLEASE GIVE A BRIEF STATEMENT AS TO WHY YOU ARE INTERESTED IN SERVING ON THIS COMMISSION OR BOARD:

I am interested in serving on this commission because I am passionate about making a meaningful impact in my community. Through my experience with managing large-scale projects and initiatives, such as organizing events with the Associated Student Body and leading Soles 4 Smiles, I have developed strong leadership and organizational skills that I believe can contribute to the positive growth and development of this commission's goals.

	ED-100	
09/05/2024		
DATE:	SIGNATURE OF APPLICANT	

Please attach any additional information relating to this application and return to the City Clerk, City of Calabasas, via US Mail at 100 Civic Center Way, Calabasas, CA 91302; or by email at lpope@cityofcalabasas.com. For more information, please call (818) 224-1600.

INDIVIDUALS WITH DISABILITIES REQUIRING ANY ACCOMMODATION TO PARTICIPATE IN THE APPLICATION AND SELECTION PROCESS MUST INFORM THE CITY OF CALABASAS 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.