



1309 SW 8th Ave. • Amarillo, Texas 79101 • 806-372-2531

ADVISORY COMMITTEE APPLICATION

Applicant's Information		
Applicant's Full Name:		
Address:		
City:	Zip:	County:
Home #:	Cell #:	Work #:
Email:	Preferred method of contact: email ___ text ___ phone ___	

Services
<p>What services have you received or are you currently receiving from Panhandle Community Services? (Check all that apply.)</p> <p> <input type="checkbox"/> CEAP/ Utility Assistance <input type="checkbox"/> HUD / HCV <input type="checkbox"/> Weatherization/Housing Repair <input type="checkbox"/> ESG / Emergency Rental Assistance <input type="checkbox"/> Transportation <input type="checkbox"/> Family Development <input type="checkbox"/> RSVP <input type="checkbox"/> EITC/ Tax Prep <input type="checkbox"/> Healthcare Assistance <input type="checkbox"/> Restoring American Heroes Project </p>

Questions
<p>Do you volunteer or serve on any other committees or boards in your Community? If yes, please list your roles.</p>
<p>Why would you like to serve on the Panhandle Community Services Advisory Committee?</p>

Our Mission is to work as a community leader and partner in the Texas Panhandle to change the lives of low-income people by bridging the gap from poverty to self-sufficiency.



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How do you imagine helping Panhandle Community Services live out its Mission in your Community?

Is there anything else you would like Panhandle Community Services to know in consideration of this application?

I certify that I understand fully the purpose of the Panhandle Community Services Advisory Committee as well as what my role would be if chosen to serve on this committee. I understand that I will be required to attend and participate in quarterly scheduled meetings and if I am unable to attend for a valid reason, I will notify the Committee as soon as possible. It has been explained to me that mileage and childcare expenses will be reimbursed for each required meeting.

By completing and signing this application, I certify that I am willing and able to serve on the Panhandle Community Services Advisory Committee and agree to the above requirements.

Applicant's Signature: _____ **Date:** _____

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