**Advisory Committee Application**

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

Did you receive services under another name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of Contact: email \_\_\_\_\_\_ text \_\_\_\_\_\_ phone \_\_\_\_\_\_\_

What services have you received or are you currently receiving from Panhandle Community Services: (Check all that apply)

CEAP/Utilities Assistance: \_\_\_\_\_\_\_\_\_\_ Weatherization/Housing Repair\_\_\_\_\_\_\_\_\_\_

HUD/HCV: \_\_\_\_\_\_\_\_\_\_\_\_\_ Family Development: \_\_\_\_\_\_\_\_\_

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RSVP: \_\_\_\_\_\_\_\_\_\_

Do you have reliable access to computer and internet?

Why would you like to serve on the Panhandle Community Services Advisory Committee?

What does success look like to you?

What interests or excites you most about Panhandle Community Services? And, why?

Do you volunteer or serve on any other committees or boards in your Community?

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

Is there anything else you would like PCS to know in consideration of this application?

Thank you for your interest in serving on our Advisory Committee!

Please Mail your Application to 1309 SW 8th Ave, Amarillo TX 79101 or email to [Barbara.graham@pcsvcs.org](mailto:Barbara.graham@pcsvcs.org)