



# City of Moreno Valley

## City Council Advisory Boards and Commissions

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### Membership Application Form

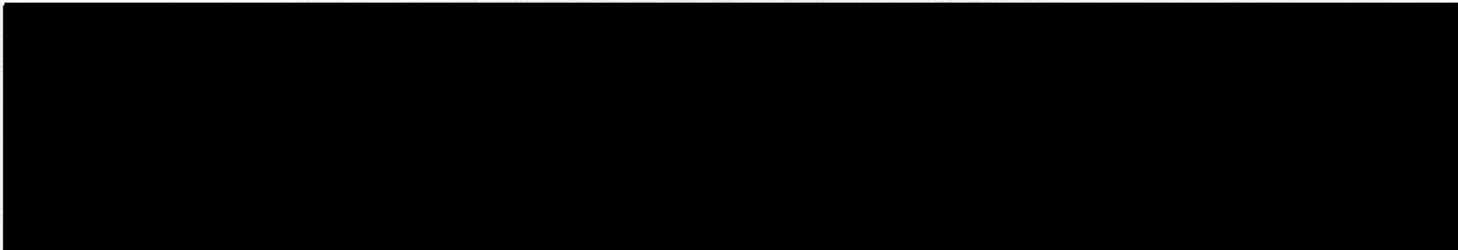
Name: Deborah Elkins

Home Address: [REDACTED]

Moreno Valley, CA 92557

City Council District: 2

How long have you resided in Moreno Valley? 11 years



### ELIGIBILITY

Are you at least 18 years of age? Yes  No

Are you a registered voter of the City of Moreno Valley? Yes  No

Do you authorize the City to process a criminal background check? Yes  No

### EMPLOYMENT

Employer: Retired

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

Position: \_\_\_\_\_

### VOLUNTEER SERVICE

Name of Organization: Moreno Valley Senior Center

Purpose: Senior Health and Wellness

Title: Fitness Instructor

Length of Time: 10 years

**BOARD OR COMMISSION INFORMATION**

Board or Commission applying for\*:

1<sup>st</sup> Choice Senior Advisory  
2<sup>nd</sup> Choice \_\_\_\_\_  
3<sup>rd</sup> Choice \_\_\_\_\_

\*If applying for the Accessibility Appeals Board, please indicate which position you are applying for:

- Physically Challenged Member
- Member Experienced in Construction
- Public Member

\*If applying for the Utilities Commission, please indicate which position you are applying for:

- Public Member
- Customer of Moreno Valley Utility
- Business Customer of Moreno Valley Utility

Do you currently serve on a City Board or Commission? Yes  No

A. If yes, please list: Senior Advisory

Have you previously served on a City Board or Commission? Yes  No

A. If yes, please list: \_\_\_\_\_

Do you have any immediate family members serving on the city council or employed with the City of Moreno Valley? Yes  No

Can you attend evening meetings (6:00 pm – 9:00 pm) at least once or twice a month? Yes  No

Are there days you cannot attend evening meetings? Yes  No

A. If yes, please list: Thursday

List any education, training, or special skills you have which may be relevant or of particular benefit to this Board and/or Commission:

Daily involvement with seniors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

I acknowledge that I was provided with the attached copy of Legislative Policy #1.10 (City Council Advisory Boards and Commissions) and offered an opportunity to ask questions regarding any of its provisions prior to submitting this application.

**CERTIFICATION**

I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements of material fact will subject me to disqualification or dismissal if appointed.

[Redacted Signature]

Print Name/Signature

08/05/2025

Date

All Applications shall be submitted to the City Clerk's office at Moreno Valley City Hall – located at 14177 Frederick St., Moreno Valley, CA 92553 – during regular office hours (7:30 a.m. to 5:30 p.m., Monday through Thursday, and 7:30 a.m. to 4:30 p.m. Friday). Alternatively, applications may be submitted by mail or electronically via the City Clerk's email [cityclerkstaff@moval.org](mailto:cityclerkstaff@moval.org).

**Background Check Authorization**

As part of the application process for service on a City Advisory Board, a criminal background check will be conducted through the California Department of Justice. Please be advised that you will not be provided with a copy of the criminal background information received from the Department of Justice unless you are deemed ineligible due to a disqualifying criminal conviction.

**Attachment: Legislative Policy #1.10 – City Council Advisory Boards and Commissions**