



APPLICATION FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

Please complete this application in its entirety and submit an original signed copy to the Office of the Clerk of the Board at 5750 Almaden Expressway, San Jose, California 95118. If more space is needed, please attach additional pages. Applications are valid for one year from the date of receipt and are public record. This application is available on-line at www.valleywater.org under "Board of Directors." For assistance, please contact the Office of the Clerk of the Board at (408) 265-2607, extension 2277.

A. CONTACT INFORMATION

Name of Committee: Any			
Name (First, Middle, Last): Matthew Frazier			
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street Address, City, State, ZIP)			
E-mail:			
If Applicable, Present Employer (Name and Address): Dollar Tree 2425 South Winchester Blvd		Job Title: Ops ASM	
Do you have a current contractual relationship with the Santa Clara Valley Water District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please describe (if more space is needed, please attach additional pages):			

B. VOLUNTEER EXPERIENCE

List current and previous volunteer experience. Include experience with charitable organizations, committees and commissions, or public offices you may have held and relevant dates. If more space is needed, please attach additional pages.		
DATE(S):	NAME:	RESPONSIBILITIES/EXPERIENCE:
1998-2025	Animal Rights Activism	Volunteer
2020-2025	AWWA	Volunteer
2020-2025	CWEA	Volunteer
2020-2025	CASQA	Volunteer
2020-2025	WEF	Volunteer

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?	
<input checked="" type="checkbox"/> District Website	<input checked="" type="checkbox"/> Director (please specify):
<input type="checkbox"/> Committee Member (please specify):	<input type="checkbox"/> Other (please specify):
Please describe your interest in serving on this committee: All	
Please describe your relevant qualifications, such as specific skills, training, or knowledge that should be considered in applying for this committee: All	
How would the community benefit by your participation on this committee? All aspects of volunteer work	
Are you available to attend committee meetings when scheduled? (please go to www.valleywater.org for committee meeting schedule details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe:	
If you have a disability, what accommodations would you need to serve on this committee? Anklosing Spondylitis - But I'm mobile	

D. EMERGENCY CONTACT INFORMATION

In case of emergency, contact:
1. Name:
2. Name:

I, HEREBY, ATTEST THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND MAY BE VERIFIED BY THE SANTA CLARA VALLEY WATER DISTRICT. I UNDERSTAND THAT MISREPRESENTATION OR OMISSIONS MAY BE CAUSE FOR MY IMMEDIATE REJECTION AS AN APPLICANT OR TERMINATION FROM APPOINTMENT TO A COMMITTEE.

Matthew Parier
Applicant Signature

Friday 7/25/2025
Date Signed