



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: Santa Clara Valley Water District Committee			
Name (First, Middle, Last): Emma Gao			
Home Phone: [REDACTED]	Work Phone: [REDACTED]	Cell Phone: [REDACTED]	Fax: [REDACTED]
Mailing Address: (Street Address, City, State, ZIP) [REDACTED]			
E-mail: [REDACTED]			
If Applicable, Present Employer (Name and Address):		Job Title:	
Do you have a current contractual relationship with the Santa Clara Valley Water District? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If Yes, please describe (if more space is needed, please attach additional pages): [REDACTED]			

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:
01/21 - present	[REDACTED]	[REDACTED]
11/21 - 06/22	[REDACTED]	[REDACTED]
06/22 - present	[REDACTED]	[REDACTED]
08/20 - present	[REDACTED]	[REDACTED]

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?

District Website

Director (please specify):

Committee Member (please specify):

Other (please specify):

Please describe your interest in serving on this committee:
[REDACTED]

Please describe your relevant qualifications, such as specific skills, training, or knowledge that should be considered in applying for this committee:
[REDACTED]

How would the community benefit by your participation on this committee?
[REDACTED]

Are you available to attend committee meetings when scheduled? (please go to www.valleywater.org for committee meeting schedule details) Yes No If No, please describe:

If you have a disability, what accommodations would you need to serve on this committee?

D. EMERGENCY CONTACT INFORMATION

In case of emergency, contact:

1. Name: [REDACTED]

Phone: [REDACTED]

2. Name: [REDACTED]

Phone: [REDACTED]

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.

[REDACTED] 06/23/2022

Applicant Signature

Date Signed



SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

Please complete this supplemental questionnaire **ONLY IF** applying for the **YOUTH COMMISSION**. For more information or questions, please email: youthcommission@valleywater.org.

Name (First, Last): Emma Gao		
What School Do You Attend: [REDACTED]	Grade Level: [REDACTED]	
Extra-Curricular Activities: [REDACTED] [REDACTED]	Favorite Subjects: [REDACTED]	
Please go to www.valleywater.org and scroll down to Valley Water in Your Area to identify your Board Member and District #.		
Board Member's Name: Barbara Keegan	District # 2	Board Member District #: 2

In 300 words or less: (If more space is needed, please attach additional pages.)

1. What do you feel are the top three issues young people in Santa Clara County are facing, particularly around water or environmental stewardship? If appointed, how will you connect these issues to your role on the Youth Commission?

[REDACTED]

2. What do you hope to gain from being on the Youth Commission? What do you think you can contribute by being on the Youth Commission?

[REDACTED]

Applicant: I, [REDACTED] (print applicant name) verify that the information I have provided on this application is accurate. All information provided is subject to verification. False, inaccurate, or ineligible applications will be disqualified.

Parent/Guardian: I, [REDACTED] (parent/guardian signature) understand that my child has applied for the Santa Clara Valley Water District Youth Commission and has my express permission.

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