## APPLICATION FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

## Valley Water

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



## 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: |
| :--- | :--- | :--- |
| $1990 ' s$ | Valley Water LAC | Committee Member |
| $2000 ' s$ | Valley Water LAC | Committee Member Board Chair |
| $2013 ' s$ | SCCFB | Board member |
| $2020 ' s$ | SCCFB | Board member / president |
| 2023 | Open Space Authority | CAC |

## C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?
$\square$ District Website

Committee Member (please specify): Russ Bonino
$\boxtimes$ Director (please specify): John Varela
Other (please specify):

Please describe your interest in serving on this committee:
Protect Agricutural waters
Please describe your relevant qualifications, such as specific skills, training, or knowledge that should be considered in applying for this committee:
Please see past experience
How would the community benefit by your participation on this committee?
A voice for practical policies will be voiced.
Are you available to attend committee meetings when scheduled? (please go to www.valleywater.org for committee meeting schedule details) $\boxtimes$ Yes $\square$ No If No, please describe:

If you have a disability, what accommodations would you need to serve on this committee?
No

## 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 B $~ C A U B E ~ F O R ~ M Y ~ I M M E D I A T E ~ R E J E C T I O N ~ A S ~ A N ~ A P P L I C A N T ~ O R ~ T E R M I N A T I O N ~ F R O M ~$ APPOINTMENT TO A OOMMITTEE.


## Applicant Signatdre

Phone:
Phone:

