



## 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](http://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: <b>Valley Water Youth Commission</b>			
Name (First, Middle, Last):			
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street Address, City, State, ZIP)			
E-mail:			
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="checkbox"/> Yes <input 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:

**C. INTEREST AND AVAILABILITY**

How did you hear about this committee opening?	
<input type="checkbox"/> District Website	<input type="checkbox"/> Director (please specify):
<input type="checkbox"/> Committee Member (please specify):	<input checked="" type="checkbox"/> Other (please specify): School
Please describe your interest in serving on this committee:	
Please describe your relevant qualifications, such as specific skills, training, or knowledge that should be considered in applying for this committee:	
How would the community benefit by your participation on this committee?	
Are you available to attend committee meetings when scheduled? (please go to <a href="http://www.valleywater.org">www.valleywater.org</a> 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? N/A	

**D. EMERGENCY CONTACT INFORMATION**

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

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.

\_\_\_\_\_  
**Applicant Signature**

6/9/23

\_\_\_\_\_  
**Date Signed**



