



**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: SCVWD Youth Commission			
Name (First, Middle, Last): Arushi Saxena			
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street Address, City, State, ZIP)			
E-mail:			
If Applicable, Present Employer (Name and Address): Not Applicable		Job Title: Not Applicable	
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:

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?

- District Website
 Director (please specify):
 Committee Member (please specify)
 Other (please specify): Through Los Gatos's newsletter

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:



**SUPPLEMENTAL QUESTIONNAIRE
FOR A SANTA CLARA VALLEY WATER DISTRICT
COMMITTEE**

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

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

If you have a disability, what accommodations would you need to serve on this committee?
None

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 COMMITTEE.

Applicant Signature

February 16th, 2018

Date Signed

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): Arushi Saxena	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
Please go to www.valleywater.org and scroll down to The Water District in Your Area to identify your Board Member and District #	
Board Member's Name: Gary Kremen	Board Member District #: 7



**SUPPLEMENTAL QUESTIONNAIRE
FOR A SANTA CLARA VALLEY WATER DISTRICT
COMMITTEE**

Applicant: I, _____ (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, _____ (parent/guardian signature) understand that my child has applied for the Santa Clara Valley Water District Commission and has my express permission.



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A. CONTACT INFORMATION

Youth Commission			
Cole Baker			
Home Phone:	Work Phone:	cell phone:	Fax:
If Applicable, Present Employer (Name and Address):		Job Title:	
Do you have a current contractual relationship with the Santa Clara Valley Water District?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?

District Website

Director (please specify):

Committee Member (please specify):

Other (please specify): My Parents

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 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? No

D. EMERGENCY CONTACT INFORMATION

In case of emergency, contact:

1. Name:

Phone:

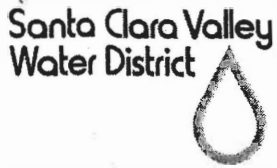
2. Name:

Phone:

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Applicant Signature

3/1/2018
Date Signed



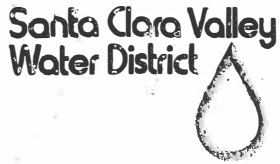
SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

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): Cole Baker	
High School:	Grade:
Extra-Curricular Activities:	Favorite Subjects:
Please go to www.valleywater.org and scroll down to The Water District In Your Area to identify your Board Member and District #	
Board Member's Name: Gary Kremen	Board Member District #: 7

Applicant: I, _____ (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, _____ (parent/guardian signature) understand that my child has applied for the Santa Clara Valley Water District Commission and has my express permission.



APPLICATION 3

FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

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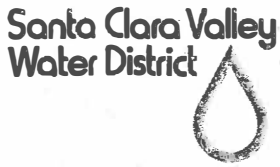
A. CONTACT INFORMATION

Name of Committee: Youth Commission			
Name (First, Middle, Last): Sofia Ruiz			
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street Address, City, State, ZIP)			
E-mail:			
If Applicable, Present Employer (Name and Address): N/A		Job Title: N/A	
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:



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): Sofia Ruiz	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
Please go to: http://valleywater.org/About/Board_of_Directors/District_Boundaries.aspx and enter your home address to identify your Board Member and District #	
Board Member's Name: Gary Kremen	Board Member District #: 7

Applicant: I, _____ 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, _____ understand that my child has applied for the Santa Clara Valley Water District Youth Commission and has my express permission.

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?

- District Website Director (please specify):
 Committee Member (please specify): Other (please specify): My mother

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?
N/A

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.

Sofia Rulz [Redacted]

2/13/18

Applicant Signature

Date Signed

[Redacted]

parent

3/7/18

Date Signed