

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.vallevwater.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: AWAC							
Name (First, Middle, Last)):						
Robert J Long Jr							
Home Phone:	Work Phone:	Cell Phone:	Fax:				
Mailing Address: (Street Address, City, State, ZIP)							
E-mail:							
If Applicable, Present Emp	ployer (Name and Address):	Job Title:					
	1	Operations Manager					
Do you have a current contractual relationship with the Santa Clara Valley Water District? ☐ Yes x☐ 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. IN	NTEREST AND	AVAILABILITY	•		
How did	you hear about th	nis committee opening?			
	District Website			Directo	r (please specify):
x□	Committee Men	nber (please specify): Bob Lor	ng		Other (please specify):
		rest in serving on this committ ur community with understand		water d	istrict works with farming
Please d	lescribe your rele for this committe	vant qualifications, such as sp e:	ecific skills, t	training,	or knowledge that should be considered in
	ave 40 years of excense for chemical		anagement b	ousiness	as well as sports turf knowledge and have
How wor	uld the community	benefit by your participation			n management business in conjunction with
		d committee meetings when s ☐X Yes ☐ No If No, pl			o to www.valleywater.org for committee
If you ha	ve a disability, wh	at accommodations would yo	u need to se	rve on th	nis committee?
D. E	MERGENCY C	ONTACT INFORMATION			
In case of	of emergency, cor	itact:			
1. Nam	e: Shelby Long		Phor	ne:	
2. Nam	e:		Phor	ie:	
VERIFIED OMISSIO	BY THE SANTA	CLARA VALLEY WATER DIS SE FOR MY IMMEDIATE RE	STRICT. I UN	NDERST	EST OF MY KNOWLEDGE AND MAY BE AND THAT MISREPRESENTATION OR PLICANT OR TERMINATION FROM
-	KIJA)	/			3-11-2025
Applicar	nt Signature/				Signed