

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		and the second s	contribution of the second of
Name of Committe	Youth	Advisor.	Committee
Name (First, Middl	e, Last):		
Ma	alach. Pl	avaher	
Home Phone:	Rlach: Plane:	Cell Phone:	Fax:
		ď	1 N/A
	+		1014
Mailing Address:	(Street Address, City, State	e, ZIP)	* Programme and the second
E-mail:		'я	
		Ц	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If Applicable, Prese	ent Employer (Name and A	ddress): Job Title:	
	IIA	NA	
D	J 1/4	NII	
Do you have a curi	rent contractual relationship	with the Santa Clara Valley	Water District? Yes No
		ed, please attach additional p	- 🗡
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# 1			
B. VOLUNTE	ER EXPERIENCE		
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			aritable organizations, committees and ore space is needed, please attach additional
DATE(S):	NAME:	RESPONSIBILITIES/	EXPERIENCE:
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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	ee:
Please describe your relevant qualifications, such as spe appying for this committee:	ecific skills, training ,or knowledge that should be considered
How would the community benefit by your participation (would ed	on this committee?
Are you available to attend committee meetings when someeting schedule details) Yes No If No, plants	cheduled? (please go to <u>www.valleywater.org</u> for committee ease describe:
If you have a disability, what accommodations yo	u need to serve on this committee?
D. EMERGENCY CONTACT INFORMATION	
In case of emergency, contact:	
1. Name:	Phone:
2. Name;	Phone:
/ERIFIED BY THE SANTA CLARA VALLEY WATER DIS	I IS TRUE TO THE BEST OF MY KNOWLEDGE AND MAY STRICT. I UNDERSTAND THAT MISREPRESENTATION OF JECTION AS AN APPLICANT OR TERMINATION FROM
on file	2-15-18
Applicant Signature	Date Signed

Santa Clara Valley Water District

SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

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

Name (First, Last):	
Malachi Plaugher	-
What School Do You Attend:	Grade Level:
Central Han School	
Extra-Curricular Activities:	Favorite Subjects:
Mechanics	1 5
Please go to www.valleywater.org and scroll down to The Wa	ater District in Your Area to identify your Board Member and trict #
Board Member's Name: John L. Varela	Board Member District #:
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 i around water or environmental stewardship? If appointed on the Youth Commission?	n Santa Clara County are facing, particularly d, how will you connect these issues to your role
See attache	d
What do you hope to gain from being on the Youth Committee Youth Commission?	
See attach	
Applicant: I,	ant name) verify that the information I have provided on ot to verification. False, inaccurate, or ineligible
Parent/Guardian: I, (parent/guardian signature) understand that my child has appl Commission and has my express permission.	ied for the Santa Clara Valley Water District Youth





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A. CONTACT INFORMATION

Name of Committee:			
Santa Clara Youth Water Dis	trict Youth Commission		
Name (First, Middle, Last):			
Ishita Verma			
Home Phone:	Work Phone: Cell Phone: Fax:		
(n/a	(
Mailing Address: (Street Address, City, State, ZIP)			
E-mail:			
If Applicable, Present Employer (Name and Address): Job Title:			
		N/A	
N/A			
Do you have a current contractual relationship with the Santa Clara Valley Water District?			
If Yes, please describe (if more space is needed, please attach additional pages):			
			NA
B. VOLUNTEER EXF	PERIENCE		1
		experience with charitable organiz elevant dates. If more space is nee	
DATE(S):	AME:	RESPONSIBILITIES/EXPERIENCE:	м.С. такжу экк и эт с байн эк С. Об С. Об орон достого на нависти и черуйн эку на байн достого на об дай бай на постой на об орон достой
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	and the state of t	F	
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SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

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 MMEDIATE REJECTION AS AN APPLICANT OR TERMINATION FROM APPOINTMENT TO A COMMITTEE.

Ishita Verma	2/28/2018	
Applicant Signature	Date Signed	



SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

	he information I have provided on this application is accurate. All alse, inaccurate, or ineligible applications will be disqualified.
Parent/Guardian: I,	(parent/guardian signature) understand that my ter District Youth Commission and has my express permission.



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A. CONTACT INFORMATION

Name of Committee:			
Name (First, Middle, Last):			
Serena Wood			,
Home Phone:	Work Phone:	Cell Phone:	Fax:
	w	West .	
Mailing Address: (Street A	address, City, State, ZIP)		- 1
E-mail:			
If Applicable Descent Emr	Never (Nome and Address)	Job Title:	
ii Applicable, Present Emp	oloyer (Name and Address):		
		Chickness wife in 1995 to 1	1
Do you have a current cor	tractual relationship with the	Santa Clara Valley Water District	Yes No
If Yes, please describe (if	more space is needed, please	e attach additional pages):	n
B. VOLUNTEER E	XPERIENCE	What were the second of the se	(a) (a)
		experience with charitable organi	
commissions, or public off pages.	ices you may have held and r	elevant dates. If more space is no	eeded, please attach additional
Date(s):	Name:	RESPONSIBILITIES/EXPERIENCE	:
	F		

C. INTEREST AND AVAILABILITY

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How did you hear about this committee opening?		
☐ District Website	☐ Director (please specify):	2
☐ Committee Member (please specify):	Other (please specify):	
Please describe your interest in serving on this commit Youth advisory committee	nittee;	
applying for this committee:	specific skills, training, or knowledge that should be considered	ed in
How would the community benefit by your participation	on on this committee?	
As a leader at my school I want to host a Ag Natural R	Resources and Water career and knowledge fair.	
Are you available to attend committee meetings when a meeting schedule details) Yes No If No, ple	n scheduled? (please go to <u>www.valleywater.org</u> for committee please describe:	е
If you have a disability, what accommodations would you N/A	you need to serve on this committee?	
D. EMERGENCY CONTACT INFORMATION	ON .	
In case of emergency, contact:		
?. Name: 2. Name:	Phone: Phone:	
VERIFIED BY THE SANTA CLARA VALLEY WATER D	TION IS TRUE TO THE BEST OF MY KNOWLEDGE AND MAR DISTRICT. I UNDERSTAND THAT MISREPRESENTATION REJECTION AS AN APPLICANT OR TERMINATION FROM	OR
	£ → 32	
	Date Signed	urara.



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

Name (First, Last): Serena Wood	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
Please go to <u>www.valleywater.org</u> and scroll down to The Wa Distr	
Board Member's Name:	Board Member District #:
John L. Varela	1
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 ir around water or environmental stewardship? If appointed on the Youth Commission?	
•	
2. What do you hope to gain from being on the Youth Comm the Youth Commission?	nission? What do you think you can contribute by being on
Applicant: I, (print application is accurate. All information provided is subject applications will be disqualified.	ant name) verify that the information I have provided on at to verification. False, inaccurate, or ineligible

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