



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: <i>Youth Commission</i>			
Name (First, Middle, Last): <i>Adrienne, Couteau</i>			
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street Address, City, State, ZIP) <i>[Redacted]</i>			
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 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:
	<i>[Redacted]</i>	

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):
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) <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?	

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

2/16/18

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): <i>Adrienne Couteau</i>	
What School Do You Attend:	Grade Level: <i>1</i>
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: <i>Linda J. LeZotte</i>	Board Member District #: <i>4</i>

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 Youth Commission and has my express permission.



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A. CONTACT INFORMATION

Name of Committee: Santa Clara Valley Water District Youth Commission

Name (First, Middle, Last): Navya Pariti

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? ☐ Yes ☒ 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 www.valleywater.org for committee meeting schedule details) <input 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?	

D. EMERGENCY CONTACT INFORMATION

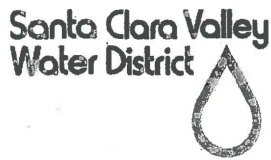
In case of emergency, contact:	
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2. Name:	Phone:

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Applicant Signature

2/16/18

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):

Navya Pariti

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 #

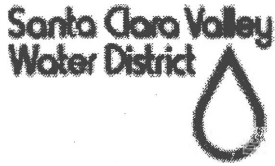
Board Member's Name:

Linda J. LeZotte

Board Member District #: 4

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A. CONTACT INFORMATION

Name of Committee:

SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

Name (First, Middle, Last):

SHLOKA V JANAPATY

Home Phone:

Work Phone:

Cell Phone:

Fax:

Mailing Address: (Street Address, City, State, ZIP)

E-mail:

If Applicable, Present Employer (Name and Address):

NONE

Job Title:

Do you have a current contractual relationship with the Santa Clara Valley Water District?

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:

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C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?

District Website **yes**

Director (please specify):

Committee Member (please specify):

Other (please specify):

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:

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Are you available to attend committee meetings when scheduled? (please go to www.valleywater.org for committee meeting schedule details)

If you have a disability, what accommodations would you need to serve on this committee?

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Phone: _____

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Phone: _____

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Applicant Signature 

Date Signed:

3/6/18



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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): SHLOKA JANAPATY	
What School Do You Attend : [REDACTED]	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: Linda J. Lezotte	Board Member District #: District 4

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