

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 Committe	nishion			n 3	S
lame (First, Middle	,		ис-и	27	ě
Adrienne, cou	•				
Home Phone:	Work Phone:	Cell Phone:	Fax:	(1000), (1000)	
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Mailing Address: (\$	Street Address, City, State, Z	ZIP)	*		
E-mail:	114-14-14-14-14-14-14-14-14-14-14-14-14-				
f Applicable, Pres	ent Employer (Name and Ad	ddress): Job Title:		ode,	
Do you have a cur	rent contractual relationship	with the Santa Clara Valley Wate	er District? Ye	es 🛮 No	
•		with the Santa Clara Valley Wate ed, please attach additional page		es 🗵 No	
f <i>Yes</i> , please dese		(2)		es 🗵 No	P1
f Yes, please desc B. VOLUNT List current and procommissions, or p	cribe (if more space is neede	(2)	s): ble organizations, co	ommittees and	onal
S. VOLUNT List current and propages.	cribe (if more space is neede	ed, please attach additional pages	s): ble organizations, co pace is needed, plea	ommittees and	onal
S. VOLUNT List current and propages.	EER EXPERIENCE revious volunteer experience ublic offices you may have h	ed, please attach additional pages e. Include experience with charital held and relevant dates. If more s	s): ble organizations, co pace is needed, plea	ommittees and	onal
f Yes, please desc B. VOLUNT List current and propages.	EER EXPERIENCE revious volunteer experience ublic offices you may have h	ed, please attach additional pages e. Include experience with charital held and relevant dates. If more s	s): ble organizations, co pace is needed, plea	ommittees and	onal
f Yes, please desc B. VOLUNT	EER EXPERIENCE revious volunteer experience ublic offices you may have h	ed, please attach additional pages e. Include experience with charital held and relevant dates. If more s	s): ble organizations, co pace is needed, plea	ommittees and	onal

C. INTEREST AND AVAILABILITY

How did you hear about this committee openi	ing?
☐ District Website	☐ Director (please specify):
☐ Committee Member (please specify	y):
Please describe your interest in serving on thi	is committee:
Please describe your relevant qualifications, s in applying for this committee:	such as specific skills, training, or knowledge that should be considered
How would the community benefit by your part	ticipation on this committee?
Are you available to attend committee meeting	gs when scheduled? (please go to <u>www.valleywater.org</u> for committee
meeting schedule details) ✓ Yes No If No.	please describe:
If you have a disability, what accommodations	
D. EMERGENCY CONTACT INFORMAT	TON
In case of emergency, contact:	Phone:
Name:	Priorie.
2 Name:	Phone:
VERIFIED BY THE SANTA CLARA VALLEY	FORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND MAY WATER DISTRICT. I UNDERSTAND THAT MISREPRESENTATION CIEDIATE REJECTION AS AN APPLICANT OR TERMINATION FROM
Applicant Signature	2/16/18 Date Signed



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>.

That delices be rearraction.	Adrieme Covileav What School Do You Attend:				1	
Extra-Curricular Activities:			Favorite Subjects:			
lease go to www.valleywater.org and scroll of	down to The Wa	nter Distri	ct in Your A	rea to identi	fy your Board M er	mber a
Board Member's Name: Linda J. LeZotte		Board M	lember Distri	ct #:	*	14
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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. GONTAGT INT			
Name of Committee: Sa	anta Clara Valley Water District \	Youth Commission	
Name (First, Middle, Las	st): Navya Pariti		
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street	Address, City, State, ZIP)		
E-mail:			
If Applicable, Present E	mployer (Name and Address):	Job Title:	
Do you have a current o	contractual relationship with the S	Santa Clara Valley Water District?	☐ Yes No
If Yes, please describe	(if more space is needed, please	e attach additional pages):	
ව. VOLUNTEER E	EXPERIENCE		
List current and previou commissions, or public pages.	s volunteer experience. Include offices you may have held and re	experience with charitable organiz elevant dates. If more space is ne	zations, committees and eded, 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 s	specify):		
	Committee Member (please specify):	\boxtimes]	Other (please spe	ecify): Schoo	1	
Please o	lescribe your interest in serving on this co	ommittee:					
	28						
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	lescribe your relevant qualifications, suc for this committee:	h as specific skills	, tra	ining, or knowled	ge that should	d be conside	red in
How wo	uld the community benefit by your partic	ipation on this cor	nmit	ttee?			
	e a			9.			
_	available to attend committee meetings schedule details)		(pl	ease go to www.v	alleywater.or	g for commit	tee
meeting	scriedule details)	piease deșcribe.					350
If you ha	ave a disability, what accommodations w	ould you need to	sen	ve on this committ	ee?		*
D. EMER	RGENCY CONTACT INFORMATION	N					
In case	of emergency, contact:			8		-	
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2. Nan	ne:	PI	none	9 :			
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A 12	4.0:	¥.		2/16/18			
Applica	nt Signature			Date Signed			



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): 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	ne Water District in Your Area to identify your Board Member and District #
Linda I LeZotte	٢ - ١١٠٥٠١١٥٠ عن المنافعة المن

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Applicant: I,l this application is accurate. All informapplications will be disqualified 4	(print appli mation provided is subje	cant name) verify that ect to verification. False	he information I h , inaccurate, or inc	nave provided on eligible
Parent/Guardian: I, for the Santa Clara Valley Water Dis	(pare strict Youth Commission	nt/guardian signature) in and has my express i	understand that moermission.	ny child has applie
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A. CONTACT I	NFORMATION					
Name of Committee. SANTA CLARA VALL		RICT COMM	ITTEE	taan nagaanan sii aan in adi san dii san dii san da san aan aa san aa da san adi san da san adi san da san da s		terraturin salir diadrem uta dalah terlesa dapat diadrami in Salahangan
Name (First, Middle,	Last):					and the second s
SHLOKA V JANAPA	NTY					
Home Phone:	Work Ph	none:	T T T T T T T T T T T T T T T T T T T	Cell Phone:	Fax:	
Mailing Address: (St	reet Address, City	, State, ZIP)				
E-mail:		. Martines to the first		average)	naca ana ang at a sana ang	
If Applicable, Presen NONE	t Employer (Name	e and Address	s): Jok	Title:		and developed a confidence of the second
Do you have a curre If Yes, please descri		•		_		No
B. VOLUNTEE	R EXPERIENCI		**************************************			general 1944 (1944) (1944) (1944) (1944) (1944) (1944) (1944) (1944) (1944) (1944) (1944) (1944) (1944) (1944)
List current and prev commissions, or pub pages.	rious volunteer exp lic offices you ma	perience. Incl y have held a	lude expe and releva	rience with charitab ant dates. If more sp	le organizations, comr ace is needed, please	nittees and attach additional
DATE(S):	NAME:		RE	SPONSIBILITIES/EXPE	RIENCE:	artiffic decommendation of annual
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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 com	mittee:
Please describe your relevant qualifications, such as considered in applying for this committee:	specific skills, training, or knowledge that should be
16.5 m	
How would the community benefit by your participat	ion on this committee?
Are you available to attend committee meetings whe committee meeting schedule details)	n scheduled? (please go to <u>www.valleywater.org</u> for
If you have a disability, what accommodations would	I you need to serve on this committee?
D. EMERGENCY CONTACT INFORMATION	
In case of emergency, contact:	
1. Name:	Phone:
2. Name:	Phone:
	IS TRUE TO THE BEST OF MY KNOWLEDGE AND MAY BE TRICT. I UNDERSTAND THAT MISREPRESENTATION OR JECTION AS AN APPLICANT OR TERMINATION FROM
	al I.
Applicant Signature	3/6/18
Applicant Signature ⁽⁾	Date Signed:



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Name (First, Last): SHLOKA JANAPATY	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
Please go to www.valleywater.org and scroll di	own to The Water District in Your Area to identify your Board Member and District #
Board Member's Name: Linda J. Lézotte	Board Member District #: District 4

Applicant: I, (print applicant accurate. All information provided is subject disqualified.	name) verify that the inform to verification. False, inaccu	nation I have provided on th urate, or ineligible applicatio	is application is ons will be
Parent/Guardian: I, child has applied for the Santa Clara Valley	Water istric Youth Comm	(parent/guardian signature) iission and has my express	understand that my permission.