

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: Sant	a Clara County Water Distric	ct Youth Commission	(8
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Name (First, Middle, Last):	Arnav Prashant Gattani		0
1	10 8		A.
Home Phone:	Work Phone:	Cell Phone:	Fax:
	E 558	*1	**
Mailing Address: (Street A	ddress. Citv. State. ZIP)		
	0.5		100
F - 2			
E-mail:	19		
If Applicable, Present Emp	loyer (Name and Address):	Job Title:	1
n/a			
		>	
Do you have a current con	tractual relationship with the	Santa Clara Valley Water District	? ☐ Yes ☒ No
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B. VOLUNTEER EX	VOEDIENCE	4	
B. VOLUNTEER EX	RPERIENCE		
List current and previous v	olunteer experience. Include	e experience with charitable organ	izations, committees and
	ces you may have held and	relevant dates. If more space is n	eeded, please attach additional
pages.	2.00		
DATE(S):	NAME:	RESPONSIBILITIES/EXPERIENCE:	
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A .			*
C. INTEREST AND AVAILABILIT	ΓY		
How did you hear about this committee op	pening?		
☐ District Website		☐ Director (please specify):	
☐ Committee Member (please spe Member Nancy Smith encouraged me	• •	Other (please specify): So	unnyvale City Council
Please describe your interest in serving or	n this committee:		
Please describe your relevant qualification applying for this committee:	ns, such as specific sk	lls, training, or knowledge that	should be considered in
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W	to an expansion		_1 8 + 11 ×
How would the community benefit by your	participation on this co	ommittee?	
Are you available to attend committee me	etings when scheduled	? (please go to www.valleywat	er.org for committee
meeting schedule details) ⊠ Yes □ No	_		
If you have a disability, what accommodate	tions would you need t	o serve on this committee?	N/a
D. EMERGENCY CONTACT INF	ORMATION		, '
In case of emergency, contact:			
1. Name:		Phone:	Tag da
2 Name:	ii ii aa	Phone:	
I, HEREBY, ATTEST THAT THE ABOVE	INFORMATION IS T	RUE TO THE BEST OF MY KN	IOWLEDGE AND MAY BE

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.

Name (First, Last):
Arnav Gattani

What School Do You Attend:

Grade Level:
10th

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:

Board Member District #:

Please complete this supplemental questionnaire **ONLY IF** applying for the **YOUTH COMMISSION**. For more

information or questions, please email: youthcommission@valleywater.org.

Form: Application for a Santa Clara Valley Water District Committee F720D01 Rev. C Effective Date: 01-23-18

Process Owner: Michele King



Applicant Signature	Date Signed	
	2/5/18	22



Applicant: I,	(print applicant name) verify that the information I have provided on ation provided is subject to verification. False, inaccurate, or ineligible
Parent/Guardian: I,	(parent/guardian signature) understand that my child has applied



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A.	CONTACT INFOR	RMATION		
Name	of Committee: Santa	Clara Valley Water District You	uth Commission	
Name ((First, Middle, Last): A	lden Hughes		
Home I	Phone:	Work Phone:	Cell Phone: 4	Fax:
Mailing E-mail:	·	dress, City, State, ZIP)		
If Appli	cable, Present Emplo	yer (Name and Address):	Job Title:	
•		actual relationship with the Sa ore space is needed, please a	nta Clara Valley Water District? ttach additional pages):	Yes No
В.	VOLUNTEER EX	PERIENCE		
	ssions, or public offic		perience with charitable organiza evant dates. If more space is need	
DATE(S	s):	NAME:	RESPONSIBILITIES/EXPERIENCE:	
,	,			
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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): Alden Hughes	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
	own to The Water District in Your Area to identify your Board Member and District #
Board Member's Name:	Board Member District #:
Nai Hsueh	5

C. INTEREST AND AVAILABILITY How did you hear about this committee opening? **District Website** Director (please specify): X Committee Member (please specify): Other (please specify): Teacher at 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) Yes 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: Name: Phone: 2 Name: Phone: , 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

2/10

Date Signed

Form: Application for a Santa Clara Valley Water District Committee F720D01 Rev. C Effective Date: 01-23-16

Process Owner: Michele King

Applicant Signature

	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
,sabig	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.

Form: Application for a Santa Clara Valley Water District Committee F720D01 Rev. C Effective Date: 01-23-16 Process Owner: Michele King



FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

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CONTACT INFORMATION Name of Committee: Santa Clara Valley Water District Youth Commission Name (First, Middle, Last): Michael Zhao 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): В. **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): RESPONSIBILITIES/EXPERIENCE: NAME:

Page 1

Form. Application for a Santa Clara Valley Water District Committee F720D01 Rev. C Effective Date: 01-23-18

Process Owner: Michele King

INTEREST AND AVAILABILITY

How did you hear about this committee opening?	
☐ District Website ☐	Director (please specify):
☐ Committee Member (please specify):	Other (please specify): Lynbrook High School
Please describe your interest in serving on this committee:	
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Please describe your relevant qualifications, such as specific skills applying for this committee:	, training, or knowledge that should be considered in
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for a contract of the contract of	<u>.</u> 8
How would the community benefit by your participation on this com-	mittee?
Are you available to attend committee meetings when scheduled? meeting schedule details) Yes No If No, please described.	
If you have a disability, what accommodations would you need to s	erve on this committee?
D. EMERGENCY CONTACT INFORMATION	
In case of emergency, contact:	
1 Name: Ph	one:
2 Name: Ph	one:
I, HEREBY, ATTEST THAT THE ABOVE INFORMATION IS TRU VERIFIED BY THE SANTA CLARA VALLEY WATER DISTRICT. OMISSIONS MAY BE CAUSE FOR MY IMMEDIATE REJECTION APPOINTMENT TO A COMMITTEE.	I UNDERSTAND THAT MISREPRESENTATION OR
Michael Elisa	2/21/2018
Applicant Signature	Date SI ged



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): Michael Zhao	
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:	Board Member District #:
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