



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: Santa Clara County Water District Youth Commission			
Name (First, Middle, Last): Arnav Prashant Gattani			
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street Address, City, State, ZIP)			
E-mail:			
If Applicable, Present Employer (Name and Address): n/a		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:

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?

☐ District Website

☐ Director (please specify):

☐ Committee Member (please specify):
Member Nancy Smith encouraged me to apply

☒ Other (please specify): Sunnyvale City Council

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? N/a

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.

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):

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:

Nai Hsueh

Board Member District #:

1

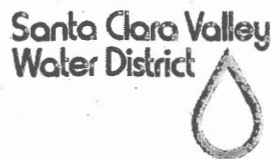


**SUPPLEMENTAL QUESTIONNAIRE
FOR A SANTA CLARA VALLEY WATER DISTRICT
COMMITTEE**

Applicant Signature

2/5/18

Date Signed



SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

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.

Water Quality
Water Quality



SUPPLEMENTAL GUIDANCE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

The following is a summary of the information presented in the report by the Santa Clara Valley Water District regarding the water quality of the Santa Clara Valley Water District.

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A. CONTACT INFORMATION

Name of Committee: Santa Clara Valley Water District Youth Commission

Name (First, Middle, Last): Alden Hughes

Home Phone:

Work Phone:

Cell Phone:

Fax:

4

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:



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): Alden Hughes	
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: Nai Hsueh	Board Member District #: 5

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?

☐ District Website

☐ Director (please specify):

☐ 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:

1 Name:

Phone:

2 Name:

Phone:

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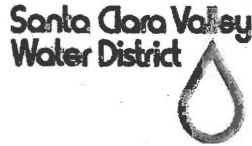
Applicant Signature

2/28

Date Signed

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): 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):

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

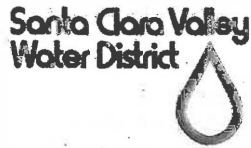
How did you hear about this committee opening?	
<input type="checkbox"/> District Website <input type="checkbox"/> Committee Member (please specify):	<input type="checkbox"/> Director (please specify): <input checked="" type="checkbox"/> Other (please specify): Lynbrook High School
Please describe your 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 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?	
N/A	

D. EMERGENCY CONTACT INFORMATION

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1. Name:	Phone:
2. Name:	Phone:

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<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>Signed by:</small>  <small>Signature ID: 81541A</small> </div> <div style="border-top: 1px solid black; margin-top: 5px;">Applicant Signature</div>	<div style="text-align: right;">2/21/2018</div> <div style="border-top: 1px solid black; margin-top: 5px;">Date Signed</div>
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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): 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: Nal Hsueh	Board Member District #: 5

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.

DocuSigned by:

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.