Santa Clara Valley Water District

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 Vall	ey Water District	Youth Commission.	×
Name (First, Middle, Last):			
Kathryn	Bravo		
Home Phone:	Work Phone:	Cell Phone:	Fax:
		■ 15 15 15 15 15 15 15 15 15 15 15 15 15	-
Mailing Address: (Street Ad	ddress, City, State, ZIP)		
		_	* ,
E-mail:			
If Applicable, Present Emp	loyer (Name and Address)	Job Title:	
p:			
None		None	
Do you have a current con	tractual relationship with th	e Santa Clara Valley Water District?	Yes 🔀 No
If Yes, please describe (if more space is needed, please attach additional pages):			
B. VOLUNTEER EXI	PERIENCE		
		le experience with charitable organiz d relevant dates. If more space is nee	
pages.	ses you may have held and	a relevant dates. Il more space is net	sucu, picase attacir additional
DATE(S):	NAME:	RESPONSIBILITIES/EXPERIENCE:	
DATE(S):	NAME:	RESPONSIBILITIES/EXPERIENCE:	

How did you hear about this committee opening? X **District Website** 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: 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) X Yes ... No If No, please describe: If you have a disability, what accommodations would you need to serve on this committee? None D. **EMERGENCY CONTACT INFORMATION** In case of emergency, contact: Phone: Name: Phone: 2 Name: 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

C.

INTEREST AND AVAILABILITY



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):	
Kathryn Brayo	
What School Do You Attend:	Grade Level:
- μ ο- ' · ·	
Extra-Curricular Activities:	Favorite Subjects:
Please go to www.valleywater.org and scroll down to The Wardship Dist	ater District in Your Area to identify your Board Member an trict #
Board Member's Name:	Board Member District #:
Tony Estremera	6
In 300 words or less: (If more space is needed, please attach	n 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?	
What do you hope to gain from being on the Youth Committee Youth Commission?	mission? What do you think you can contribute by being on
A NAME AND DESCRIPTION OF THE PROPERTY OF THE	
Applicant: I,	cant name) verify that the information I have provided on ct to verification. False, inaccurate, or ineligible
	t/quardian cignatura) understand that my shild has annied
Parent/Guardian: I, (parent for the Santa Clara Valley Water District Yearth Commission	and has my express permission.





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A. CONTACT INFORMATION

Name of Committee: Youth Commission

Name (First, Middle, Last):	Hugo I, Marquez	
Home Phone: N/A	Work Phone: N/A	Cell Phone: Fax: N/A
Mailing Address: (Street Ad	dress, City, State, ZIP)	9
E-mail:		
If Applicable, Present Emplo	yer (Name and Address):	Job Title:
N/A		N/A
Do you have a current contra	actual relationship with the \$	Santa Clara Valley Water District? Yes X No
If Yes, please describe (if mo	ore space is needed, please	attach additional pages):
	lunteer experience. Include	experience with charitable organizations, committees and elavant dates. If more space is needed, please attach additional
DATE(s):	lame:	RESPONSIBIL - ITTES/EXPERIENCE:
79.7		
		The state of the s

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?			
☐ District Website ☐ Director (please specify):			
☐ Committee Member (please specify): X Other (please specify): Teacher Recommendation			
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 applying for this committee:	in		
How would the community benefit by your participation on this committee?			
Are you available to attend committee meetings when scheduled? (please go to <u>www.vallevwater.org</u> for committee meeting schedule details) X Yes \(\text{No.} \) 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.			
Ang MASS 2-16/18			
Applicant 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):	
Hugo Marquez	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
	I A TANA
	•
Please go to: http://valleywater.org/About/Board	of Directors/District Boundaries aspx and enter your home address to ur Board Member and District #

1. What do you feel are the top three issues young people in Santa Clara County are facing, particularly

2. What do you hope to gain from being on the Youth Commission? What do you think you can contribute by being on the Youth Commission?

		w.	
Applicant: I, Hugo Marque (p accurate. All information provided disqualified.	6		
Parent/Guardian: I, Mariona L Clara Valley Water District Youth	Commission and has my expre	ure) understand that my cless permission.	nild has applied for the Santa
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A. CONTACT INFORMATION

Name of Committee: SANTA CLARA VALLEY WATER DISTRICT YOUTH COMMITTEE					
Name (First, Middle, Last): JACK CUNHA GRZEGORZYK					
Home Phone:	Work Phone:	Cell Phone:	Fax:		
MailingAddress:(Street Address, City, State, ZIP)					
	m m		0.65		
E-mail:					
If Applicable,Present El Address):	mployer (Name and	Job Title:			
, , , , , , , , , , , , , , , , , , , ,					
Do you have a current	contractual relationship wi	th the Santa Clara Valle	ey Water District? no		
If Yes, please describe	(if more space is needed,	please attach additiona	al 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/Exp	erience:		
	F 4 11	3			
	i i				

C. INTEREST AND AVAILABILITY

How did you hear about this commi	ttee opening?		
District Website	Director (pleas	e specify):	
Committee Member (plea Agency/Santa Clara County	se specify):	Other (please specify):S	ocial Service
Please describe your interest in ser	ving on this com	nmittee:	A ALMANDER OF THE STATE OF THE
Please describe your relevant quali considered in applying for this com	•	s specific skills, training, or	knowledge that should be
		3' - · ,	
How would the community benefit to	y your participa	tion on this committee?	2
Are you available to attend committee meeting schedule details			o www.valleywater.org for
If you have a disability, what accom	modations wou	ld you need to serve on this	committee?
D. EMERGENCY CONTACT IN	ORMATION	Tu-	w.
In case of emergency, contact:			
1. Name:		Phone:	
2. Name:		Phone:	
I, HEREBY, ATTEST THAT THE AE AND MAY BE VERIFIED BY THE S MISREPRESENTATION OR OMISS APPLICANT OR TERMINATION FE	ANTA CLARA V SIONS MAY BE	ALLEY WATER DISTRICT CAUSE FOR MY IMMEDIA	. I UNDERSTAND THAT
			2/14/18
Applicant Signature		Date Signed	1,1,0

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):	
Jack Grzegorzyk	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
Please go to www.valleywater.org and scroll down to Board Member	
Board Member's Name:	Board Member District #:
Linda J. LeZotte	4 (but per map, it is right on the board of district 6)

In 300 words or less: (If more space is needed, please attach additional pages.)

Applicant: (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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