

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.vaileywater.org under "Board of Directors." For assistance, please contact the Office of the Clerk of the Board at (408) 265-2607, extension 2277.

A.	CON	TACT	INFOR	MATION

Name of Committee: SCVWD Youth Commission

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	- 1 m 24"					
failing Address: (Street	Address, City, St	ate, ZIP)		Mar.	1	
-mail:			4			
Applicable, Present Em	nployer (Name an	nd Address):	Job Title:			
Not Applicable			Not Applicable			
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newsletter		
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Santa Clara Valley Water District

SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

How would the community benefit by	y your participation on this committee?	
Are you available to attend committee	e meetings when scheduled? (please go to www.valleywater.	org for
committee meeting scheduled details	Yes No If No, please describe:	enter English se explorer
f you have a disability, what accomn	nodations would you need to serve on this committee?	
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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): Arushi Saxena	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
Please go to www.vaileywater.org and scroll down to The Wa	nter District in Your Area to identify your Board Member and rict #
Board Member's Name: Gary Kremen	Board Member District #:

Santa Clara Valley Water District

SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

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Applicant: I,	ę	(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 disqual			
Parent/Guardian: I,	<u>⊸≜</u> Dist	(parent/guardian signature) understand that my child has applied	
for the Santa Clara Valle	Dist	Commission and has my express permission.	



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A. CONTACT INFORMATION

Youth Commission			THEY ILL				
Cole Baker						·	
Home Phone:	W	ork Phone:	4	cell phone:	(4) Es	Fax:	7
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If Applicable, Preser	nt Employer (Name and Add	ress): Jo	ob Title:			-
Do you have a curre	ent contractua	al relationship w	vith the Sar	nta Clara Valley \	Nater District?	Yes	No
If Yes, please descr	ibe (if more s	space is needed	d, please at	tach additional p	ages):		
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you have a disability, what accommodations would you need to serve on this committee? No
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Form: Application for a Santa Clara Valley Water District Committee F720D01 Rev. C Effective Date: 01-23-18 Process Owner: Michele King



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): Cole Baker	
High School:	Grade:
Extra-Curricular Activities:	Favorite Subjects:
Please go to www. valleywater org and scroll down to The vand District #	Water District in Your Area to identify your Board Member
Board Member's Name: Gary Kremen	Board Member District #: 7

X.		
Applicant: I, —		(print applicant name) verify that the information I have provided on
this application is accurate will be disqualified.	te. All information pro	ovided is subject to verification. False, in accurate, or ineligible applications
Parent/Guardian: I, — for the Santa Clara Vall	Water District \	Parent/guardian signature) understand that my child has applied Commission and has my express permission.

Santa Clora Valley Water District

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A. CONTACT INFORMATION

Name of Committee: Youth Commission	V 1			1
Name (First, Middle, Last):				
Sofia Ruiz		*	7	
Home Phone:	Work Phone:	Cell Phone:	Fax:	<
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Mailing Address: (Street Add	dress, City, State, ZIP)		. e	
E-mail:				
If Applicable, Present Employ	yer (Name and Address):	Job Title:	1	
N/A		N/A		
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C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?		
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☐ Committee Member (please specify):		Other (please specify): My mother
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Name (First, Last):	
Sofia Ruiz	
What School Do You Attend:	Grade Level:
Extra-Curricular Activities:	Favorite Subjects:
	ors/District_Boundaries.aspx and enter your home address to Member and District #
Board Member's Name:	Board Member District #:
Gary Kremen	7

Applicant: I, 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, understand that my child has applied for the Santa Clara Valley Water District Youth

Commission and has my express permission.

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Please describe your relevant qualifit	cations, such as specific skills, training, or knowledge that should be considered in
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