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## APPLICATION FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

F720D01 (B) (1-19-12)

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 <a href="https://www.valleywater.org">www.valleywater.org</a> 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:	35	a l	
	luisory Board		
Name (First, Middle, Last):	3019 DOWA		X
Brent Bo	nino		V
Home Phone:	Work Phone:	Cell Phone:	Fax:
Mailing Address: (Street A	ddress, City, State, ZIP)	5.0	
	, ,		
E-mail:		1 1 1 2 1 2 1	
C-IIIali.			
If Applicable, Present Emp	loyer (Name and Address):	Job Title:	
LSB Falms	San Markin, CA 95046	Manager	
	tractual relationship with the Sa		? Yes 🔊 No
	more space is needed, please a	-	
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B. VOLUNTEER EX	PERIENCE		
	T T		
	olunteer experience. Include exices you may have held and rele		
pages.	ices you may have held and rel	evant dates. If more space is no	seded, please attach additional
DATE(S):	NAME:	RESPONSIBILITIES/EXPERIENCE:	
	n i		
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## C. INTEREST AND AVAILABILITY

How did you hear about this committee ope	ening?
District Website	Director (please specify):
Committee Member (please spe	ecify): Other (please specify): Russ Bonus
Please describe your interest in serving or	1 legining about the ward made an our warry
Please describe your relevant qualification applying for this committee:	ns, such as specific skills, training, or knowledge that should be considered in have knowledge about a ferm in this county and a ferm in this committee?
How would the community benefit by your	participation on this committee?
I could give a tirit	retings when scheduled? (please go to <a href="https://www.valleywater.org">www.valleywater.org</a> for committee
Are you available to attend committee me meeting schedule details) Yes	No If No, please describe:
Thelieve 10. Thous	ld mit find schedule of community meetings on website
If you have a disability, what accommodate	tions would you need to serve on this committee?
=	
D. EMERGENCY CONTACT INFO	ORMATION
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
	EY WATER DISTRICT. I UNDERSTAND THAT MISREPRESENTATION OR MMEDIATE REJECTION AS AN APPLICANT OR TERMINATION FROM
	1/15/19
Applicant Signature	Date Signed