Santa Clara Valley Water District

'19 FEB 7 PH 3:42 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 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: EWF	RC			
Name (First, Middle, Last): Susan E. Blake				
Home Phone:	Work Phone:	Cell Phone:	Fax:	
Mailing Address: (Ctroot A	ddrago City State 71D\	a ¹		
Mailing Address: (Street A	duress, City, State, ZIP)			
E-mail:				
If Applicable, Present Employer (Name and Address):		Job Title:		
self		Speech-Language Pathologist		
Do you have a current contractual relationship with the Santa Clara Valley Water District?				
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:		
1999 to current	Ciity of Campbell	Historiic Preservation Board member (appointed)		
(2007 to current	Downtown Campbell Neighborhood Assoication	member		
current	South Bay Clean Creeks Coaltion	supporter		
current	Smith River Alliance	supporter		

C. INTEREST AND AVAILABILITY

District Website				
Committee Member (please specify):	Other (please specify):			
Please describe your interest in serving on this committee: Would like to serve as an out-reach for our community, provide conservation and stewardship				
Please describe your relevant qualifications, such as specific skills, training, or knowledge that should be considered in applying for this committee: see above				
How would the community benefit by your participation on thi	s committee?			
Are you available to attend committee meetings when schedule meeting schedule details) Yes No If No, please Except for last Wednesday of each month	aled? (please go to <u>www.valleywater.org</u> for committee describe:			
If you have a disability, what accommodations would you need to serve on this committee?				
D. EMERGENCY CONTACT INFORMATION				
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	Phone:			
In case of emergency, contact:	Phone:			
In case of emergency, contact: 1. Name:	Phone: TRUE TO THE BEST OF MY KNOWLEDGE AND MAY BE CT. I UNDERSTAND THAT MISREPRESENTATION OR			