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](http://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:       |
| Name (First, Middle, Last):       |
| 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 [ ]  NoIf *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):       [ ]  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](http://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:       |

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** |  | **Date Signed** |