APPLICATION FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

Please complete this application in its entirety and submit a signed copy to youthcommission@valleywater.org. 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 online at valleywater.org/youthcommission. For assistance, please contact the Office of Civic Engagement at (408) 630-2876.

A. CONTACT INFORMATION

Name of Committee: **Valley Water Youth Commission**			
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 ☐ No 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:

C. INTEREST AND AVAILABILITY

How did you hear about this committee opening?

- ☐ District Website
- ☐ Committee Member (please specify):
- ☐ Director (please specify):
- ☐ Social media
- ☐ School
- ☐ 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 valleywater.org/youthcommission 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:

SUPPLEMENTAL QUESTIONNAIRE FOR A SANTA CLARA VALLEY WATER DISTRICT COMMITTEE

Please complete this supplemental questionnaire **ONLY IF** applying for the **YOUTH COMMISSION**. For more information or questions, please email: youthcommission@valleywater.org.

Preferred Name (if different from application):	
School attending during the upcoming school year:	Grade level during the upcoming school year:
Extra-Curricular Activities:	Favorite Subjects:
To identify your director, go to valleywater.org/BOD, scroll down to **Find your Director** and click the link to the **Valley Water Local Information Map**. Find your home address and expand the SCVWD Board of Directors Districts section to identify your Board Member and District number.	
Board Member's Name:	Board Member District #:

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

1. What do you feel are the top three issues young people in Santa Clara County are facing, particularly around water or environmental stewardship? If appointed, how will you connect these issues to your role on the Youth Commission?

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?

I, hereby, attest that the information I have provided on this application is true and accurate to the best of my knowledge. I understand that all information provided is subject to verification and that misrepresentation or omissions may be cause for my immediate rejection as an applicant or termination from appointment to a committee.

If appointed to the Youth Commission, I further agree that photographs, pictures, slides, movies, or videos of me or that include me may be captured and created in connection with my participation in the Youth Commission without compensation from Valley Water and consent to Valley Water's use of these photographs, pictures, slides, movie or videos for any lawful purpose.

I understand that participation in the Youth Commission is voluntary and have read and understand the provisions stated above.

Applicant Name: _____

Applicant Signature: _____

Date: _____

If applicant is under 18 years old, the section below must be completed by the parent or guardian.

This is to certify that as a parent/guardian of this applicant, my child has my permission to participate in the Youth Commission. I further certify that I have read and agree to the provisions stated above.

Parent/Guardian Name (print): _____

Relationship (print): _____

Parent/Guardian signature: _____

Date: _____