



Salinas Valley Basin Groundwater Sustainability Agency

Committee for which you are applying:

FULL NAME:

DATE:

Current Occupation (within the last twelve months):

Current License (Professional or Occupational, date of issue/or expiration, including status:

Education and Experience (a resume may be attached):

Other Boards/Commissions/Committees on which you have served:

Name and occupation of spouse within the last 12 months, if married, for Conflict of Interest purposes:

References (list names and contact phone numbers of at least two references)

Please explain your reasons for wishing to serve and how you feel you may contribute. Please explain experience with collaboration and leadership working on water related topics.

Please acknowledge the 2 year time commitment for this committee (initial) _____



PERSONAL INFORMATION

The following information is provided in confidence, but may be used by the Agency when making the appointment, or following appointment for purposes of communicating with the appointee.

Full Name:

Email Address:

Home Address:

Work Address:

Mailing Address:

Contact Phone No.

City, State, Zip Code