



Salinas Valley Basin

Groundwater Sustainability Agency

Qualifications: The appointee **must** have a basic understanding of the Salinas Valley Groundwater Basin and groundwater in general, an understanding of how to run an organization, and the ability to work collaboratively with other directors coming from diverse constituencies. In addition, the appointee **must** be a rural residential Well owner; or a representative of an industrial processor, a Local Small or State Small Water System (a public water system with less than 15 but more than 1 connection), or of a mutual water company.

***Supervisorial District in which you reside:**

***Full Name:**

***Date:**

Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

***Current Occupation: (within the last twelve (12) months)**

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

***Other Certifications**



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***Other County Board/Commission/Committee on which you serve/have served:**

***References (at least two (2) list names and contact phone numbers)**

***Name and occupation of spouse within the last 12 months, if married (For Conflict of Interest purposes):**

***Please explain your reasons for wishing to serve and, in your opinion, how you feel you can contribute (use separate sheet if necessary): (A resume may be attached.)**



**APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE
REQUIRED TO TAKE AND OATH OF OFFICE.**

**All applications will be kept on file for one year from the date of receipt of the
application.**

Complete separate Personal information page.

PERSONAL INFORMATION

The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or be used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee.

***Full Name:**

***Email Address:**

***Home Address:**

***Work Address:**

***City of Residence**

***State**

***Zip Code**

***City:**

***State:**

***Zip Code**

***Telephone:**

***Telephone (cell):**

This section for staff use only:

Date received by COB: _____

Date received by GENERAL MANAGER: _____

Date reviewed by GENERAL MANAGER: _____

Recommended by BOS: __ Yes __ No Date: _____

Appointed by BOS: __ Yes Date: _____ If Not appointed check here: _____

Application valid through: _____

SUBJECT: Certification of SVBGSA Board Alternate Director Eligibility Criteria:

1. I am a) permanent resident within the Basin, or b) representatives of an agency with jurisdiction, or a business or organization with a presence within the Basin at the following location:

a. Residential address: _____

b. Business address: _____

2. I am a rural residential Well owner at the following address:

OR;

I am a representative of the following industrial processor, local or State public water system with 1 to 15 connections or of a mutual water company

Entity Name/Address: _____

Type Name: _____ Date: _____