



CITY OF SAN PABLO



Childhood Obesity Prevention Advisory Group

PLEASE CHECK ONE THAT APPLIES:

NEW APPLICATION

RENEWAL APPLICATION

CONTACT INFORMATION

NAME: Mayra Lopez

ADDRESS: [REDACTED] CITY/ZIP: Martinez, CA

TELEPHONE NUMBER: [REDACTED] (primary) [REDACTED] (secondary)

EMAIL ADDRESS: Mayra.Lopez@hsd.cccounty.us

EMPLOYMENT

EMPLOYED BY: Contra Costa Health Services LENGTH OF TIME 1.5

ORGANIZATIONAL ROLE: Nutrition and Physical Activity Health Specialist

WHAT GEOGRAPHIC AREA DO YOU SERVE? All Contra Costa County special attention to West*

GROUP INFORMATION

WHAT SECTOR DO YOU REPRESENT? (Check only one area you would like to represent?)

COMMUNITY ORGANIZATION

COMMUNITY MEMBER/GENERAL PUBLIC

LIST ANY POTENTIAL CONFLICT OF INTEREST (i.e. memberships in groups):

N/A

APPLICANT'S SIGNATURE: Mayra Lopez DATE: 09/06/18