



CITY OF SAN PABLO

Childhood Obesity Prevention Advisory Group



PLEASE CHECK ONE THAT APPLIES:

NEW APPLICATION

RENEWAL APPLICATION

CONTACT INFORMATION

NAME: Tiffany Bell

ADDRESS: 597 Center Ave. CITY/ZIP: Martinez

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

EMAIL ADDRESS: [REDACTED]

EMPLOYMENT

EMPLOYED BY Contra Costa Health Services- CWPP LENGTH OF TIME 3

ORGANIZATIONAL ROLE Senior Health Education Specialist

WHAT GEOGRAPHIC AREA DO YOU SERVE? All of Contra Costa

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):

APPLICANT'S SIGNATURE: Tiffany Bell DATE: 2/14/2019

PLEASE RETURN THE COMPLETED APPLICATION TO THE FOLLOWING:

City of San Pablo
Attn: Lehny Corbin (LehnyC@sanpabloca.gov)
13831 San Pablo Avenue Building #1, San Pablo, CA 94806

THANK YOU FOR YOUR INTEREST, IF YOU HAVE ANY QUESTIONS PLEASE CALL (510) 215-3005