



CITY OF SAN PABLO

Childhood Obesity Prevention Advisory Group



PLEASE CHECK ONE THAT APPLIES:

NEW APPLICATION

RENEWAL APPLICATION

CONTACT INFORMATION

NAME: _____

Patricia Ponce

ADDRESS: _____

[REDACTED]

CITY/ZIP: _____

San Pablo 94806

TELEPHONE NUMBER: _____

[REDACTED]

(primary)

(secondary)

EMAIL ADDRESS: _____

[REDACTED]

EMPLOYMENT

EMPLOYED BY: _____

LENGTH OF TIME _____

ORGANIZATIONAL ROLE: _____

WHAT GEOGRAPHIC AREA DO YOU SERVE? _____

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: _____

[Signature]

DATE: _____

09/06/18

PLEASE RETURN THE COMPLETED APPLICATION TO THE FOLLOWING:

City of San Pablo Community Services Recreation Division

Attn: Andrea Mendez (andream@sanpabloca.gov)

2450 San Pablo Avenue San Pablo, CA 94806

THANK YOU FOR YOUR INTEREST, IF YOU HAVE ANY QUESTIONS PLEASE CALL (510) 215-3097