



INDICATE

YOUR

NAME: Genoveva Calloway

PREFERENCE

ADDRESS [redacted] CITY/ZIP [redacted]

() PLANNING

HOME PHONE [redacted] WORK PHONE _____

COMMISSION

EMAIL ADDRESS [redacted]

() SAFETY

COMMISSION

LENGTH OF RESIDENCE IN SAN PABLO 50 + Years IN CONTRA COSTA COUNTY 50+ years

() YOUTH

COMMISSION

EMPLOYED BY Retired LENGTH OF TIME _____

ADDRESS _____ CITY/ZIP _____

EXPERIENCE RELATING TO THIS POSITION I have lived in San Pablo for a long time and was in elected office for 16 years and lea

COMMUNITY

FOUNDATION

GRANT

REVIEW

COMMITTEE

() CONTRA

COSTA

MOSQUITO

& VECTOR

CONTROL

() CONTRA

COSTA

LIBRARY

SOME THOUGHTS YOU BELIEVE MAY CONTRIBUTE TO IMPROVE BOARD/COMMISSION.

IF APPOINTED, WHAT DO YOU BELIEVE YOUR RESPONSIBILITIES OR DUTIES WOULD BE?

Attend meetings, participate in reviewing materials, to be prepared for meetings. Also ask questions and share my knowledge about the programs.
none at this point

REFERENCES (TWO) (OTHER THAN FAMILY MEMBERS):

COMMISSION

NAME Rita Xavier ADDRESS [redacted] PHONE (510)233-4672

() CONTRA

COSTA AREA

NAME Inda Ureta ADDRESS [redacted] PHONE (510)374-8523

AGENCY

DATE 1/29/25 APPLICANT'S SIGNATURE [redacted]

ON AGING

() CCTA

CITIZENS

ADVISORY