



CITY OF SAN PABLO



Childhood Obesity Prevention Advisory Group

PLEASE CHECK ONE THAT APPLIES:

☐ **NEW APPLICATION**

☐ **RENEWAL APPLICATION**

CONTACT INFORMATION

NAME: _____

ADDRESS: _____ CITY/ZIP: _____

TELEPHONE NUMBER: _____ (primary) _____ (secondary)

EMAIL ADDRESS: _____

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: _____ DATE: _____

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