



## 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](mailto: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