



APPLICATION Childhood Obesity Prevention Advisory Group



PLEASE CHECK ONE THAT APPLIES:

☐ NEW APPLICATION

☒ RENEWAL APPLICATION

CONTACT INFORMATION

NAME: __Genoveva Calloway

ADDRESS: __1529 Costa Ave. _____ CITY/ZIP: San Pablo
94806 _____

TELEPHONE NUMBER: (510)384-6555 ____ EMAIL ADDRESS:
genovevacalloway68@gmail.com _____

GROUP INFORMATION: WHAT SECTOR DO YOU REPRESENT? (Choose one)

☐ YOUTH/YOUNG ADULT (16-25)
PUBLIC

☒ XX COMMUNITY MEMBER/GENERAL

☐ HEALTH CONTENT EXPERT / PROFESSIONAL

AFFILIATION: COMPLETE ALL RELEVANT SECTIONS

EMPLOYED BY __Retired _____ LENGTH OF TIME __7 years

POSITION _____ GEOGRAPHIC AREA SERVED _____

RELEVANT EXPERIENCE, IF ANY worked 35 years for CCC Behavioral Health Services,
Served for 16 years as Councilmember for City of San Pablo, Was original member on the
Prevention of Childhood Obesity Task Force and currently have been on the Childhood Obesity
Prevention Advisory Group _____

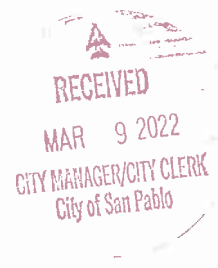
IF STUDENT, CURRENT SCHOOL/YEAR _____

RELEVANT COURSE OF STUDY, IF ANY _____

IF PARENT/CAREGIVER, SCHOOL/GRADE OF CURRENT SAN PABLO STUDENT

LIST ANY POTENTIAL CONFLICT OF INTEREST (i.e. memberships or affiliations in groups):

__no conflicts





APPLICATION

Childhood Obesity Prevention Advisory Group



APPLICANT'S SIGNATURE:

Genevieve Colloway

DATE:

3/1/2022

PLEASE EMAIL THE COMPLETED APPLICATION TO:

CityClerk@SanPabloCA.gov

City of San Pablo, 1000 Gateway Avenue, San Pablo, CA 94806

THANK YOU FOR YOUR INTEREST. IF YOU HAVE ANY QUESTIONS PLEASE CALL: (510) 215-3000