

CITY OF SAN PABLO

APPLICANT QUESTIONNAIRE FOR COMMISSIONS, COMMITTEES AND BOARDS

"Please note that this form is a public record that may be subject to disclosure upon request."

NOTE: PLEASE FILL OUT SEPARATE APPLICATION FOR EACH BOARD/COMMISSION YOU WISH TO SERVE ON (TYPE or PRINT ONLY)

When Completed Return To: City Clerk Hall, 1000 Gateway Avenue, San Pablo, CA 94806; Telephone 510.215.3000

INDICATE YOUR PREFERENCE

- ☐ PLANNING COMMISSION
☐ SAFETY COMMISSION
☐ YOUTH COMMISSION
☒ COMMUNITY FOUNDATION
GRANT REVIEW COMMITTEE
☐ CHILDHOOD OBESITY
PREVENTION ADVISORY
GROUP
☐ CONTRA COSTA MOSQUITO
& VECTOR CONTROL
☐ CONTRA COSTA LIBRARY
COMMISSION
☐ CONTRA COSTA AREA
AGENCY ON AGING
☐ CCTA CITIZENS ADVISORY
COMMITTEE

NAME: Genoveva Calloway

ADDRESS [REDACTED] CITY/ZIP San Pablo, 94806

HOME PHONE [REDACTED] WORK PHONE none

EMAIL ADDRESS [REDACTED]

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

EMPLOYED BY Retired LENGTH OF TIME 8 years

ADDRESS _____ CITY/ZIP _____

EXPERIENCE RELATING TO THIS POSITION _____

I am currently and have been in several Foundation as Board member. I also have experience in applying for Grants and I have a lot of experience in the Community and have a good grasp of what the community may need.

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

My experience as a former San Pablo Mayor and Council member and having worked for CCC Behavioral Services for thirty five years in the West County region.

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

Review grant applications, ask questions of applicants and recommend to staff who the Foundation should fund.

REFERENCES (TWO) (OTHER THAN FAMILY MEMBERS):

NAME Consuelo Lara ADDRESS [REDACTED] PHONE [REDACTED]

NAME Inda Ureta ADDRESS _____ PHONE [REDACTED]

DATE 2/16/2023 APPLICANT'S SIGNATURE Genoveva Garcia Calloway

* INTERVIEW NOT REQUIRED

**SIMULTANEOUS SERVICE ON PLANNING COMMISSION AND SAFETY COMMISSION PROHIBITED PER RESOLUTION 92-44

