



APPLICATION Childhood Obesity Prevention Advisory Group



PLEASE CHECK ONE THAT APPLIES:

☒ **NEW APPLICATION**

☐ **RENEWAL APPLICATION**

CONTACT INFORMATION

NAME: Cristofer Leon

ADDRESS: 1704 15th Street CITY/ZIP: San Pablo/94806

TELEPHONE NUMBER: (510) 334-1391 EMAIL ADDRESS: cristoferleon82@gmail.com

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

☒ **YOUTH/YOUNG ADULT (16-25)**

☐ **COMMUNITY MEMBER/GENERAL PUBLIC**

☐ **HEALTH CONTENT EXPERT / PROFESSIONAL**

AFFILIATION: COMPLETE ALL RELEVANT SECTIONS

EMPLOYED BY _____ LENGTH OF TIME _____

POSITION _____ GEOGRAPHIC AREA SERVED _____

RELEVANT EXPERIENCE, IF ANY _____

IF STUDENT, CURRENT SCHOOL/YEAR Contra Costa College/Sophomore

RELEVANT COURSE OF STUDY, IF ANY Biological Sciences/Pre-med

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

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

APPLICANT'S SIGNATURE: Cristofer Leon DATE: 03/26/2022

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