

## Perinatal Equity Initiative Community Advisory Board (CAB) Membership Application

Name	:			
Occupation/Title:			Aş	gency:
Organ	ization Address: _			
	_			
Phone:		Email:		
	knowledge, talen can mothers and	-	like to	o share with this CAB to support African
Why d	oes this work hav	ve meaning for you?		
How w	vill you personally	measure success on this	projec	t?
Which	community do y	ou belong to? (select all th	nat ap <sub>l</sub>	
0	Mom/Dad/Pare	nts/Grandparents		Member
0	CPSP (Compreh	ensive Perinatal	0	Healthcare/Hospitals/Clinics Staff
	Services Program	n)	0	Contra Costa Health Services
0	Faith Based Con	nmunity Member	0	Academia (Faculty or Student)
0	WIC/Breastfeed	ing Professional	0	Doula
0	Non-Profit/NGC	(Social Service Agency)	0	Midwife
0	Housing Advoca	te	0	Politician or designee
0	Farly Childhood	Professional	$\circ$	Other



## O By checking here, I agree to participate in quarterly CAB meetings.

I will notify the PEI Coordinator, Natalie Berbick, at 925-313-6123 or nberbick@cchealth.org, if I am unable to attend a meeting, or will send a designee.

If there is someone you would like to recommend for this CAB, please provide contact info below:

Name: \_\_\_\_\_\_ Title: \_\_\_\_\_\_

Email: \_\_\_\_\_\_ Address: \_\_\_\_\_

Agency: \_\_\_\_\_\_ Phone: \_\_\_\_\_

Natalie V. Berbick, MSW

Perinatal Equity Initiative Coordinator

Family, Maternal, and Child Health Programs

Contra Costa Health Services Department

**Public Health Division** 

597 Center Ave. Suite 365

Martinez, CA 94553

925.313.6123 desk

925.812.6230 cell

925.313.6254 main office line

925.313.6708 fax

Nberbick@cchealth.org

Website: http://www.cchealth.org/FMCH

Pronouns: she/her