



**Eat Well.  
Move More.  
Feel Great!**

# COMMITMENT FORM

- Share “*Eat Well. Move More. Feel Great!*” information informally with family, friends, and/or colleagues.
- Conduct “*Eat Well. Move More. Feel Great!*” presentation to my colleagues at an in-service training.
- Educate/counsel clients about “*Eat Well. Move More. Feel Great!*” messages and information.
- Conduct “*Eat Well. Move More. Feel Great!*” presentation to the following group(s): \_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_

## CONTACT INFORMATION

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**Check which sector you represent. (Check all that apply.)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Childcare facility/ CDC      | <input type="checkbox"/> School/After School      | <input type="checkbox"/> Clinic / Hospital      |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Private Sector           | <input type="checkbox"/> Family Resource Center |
| <input type="checkbox"/> Public Agency: _____         | <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Other: _____           |

**Who do you serve? (Check all that apply.)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American community | <input type="checkbox"/> Youth 0-5                | <input type="checkbox"/> Transition aged youth |
| <input type="checkbox"/> Asian community            | <input type="checkbox"/> Elementary aged youth    | <input type="checkbox"/> Adults                |
| <input type="checkbox"/> Latino/a community         | <input type="checkbox"/> Middle School aged youth | <input type="checkbox"/> Seniors               |
|   | <input type="checkbox"/> High school aged youth   | <input type="checkbox"/> Other: _____          |



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