



Wellness Champions Application

Thank you for your interest in applying to be a Wellness Champion. Your application will be reviewed and you will be contacted for further information. Please review the Wellness Champions Roles and Responsibilities prior to completing the application.

Once you complete the application, please email to wellness@tehw.org

Name	
Division Name and location	
Email address	
Phone Number	

Application Questions:

1. Why do you want to be a Wellness Champion?
2. If you are selected as a Wellness Champion, how would you promote health/wellness at your location?
3. What ideas do you have to encourage participation in the wellness program at your location?
4. What type of activities do you currently participate in to stay healthy?

By submitting this application, I understand that if my application is accepted, I am committing to be a Wellness Champion for **one year**. I have reviewed the Wellness Champion Roles and Responsibilities and I agree to be an advocate for the specified time period.

Additionally, my supervisor is aware of and supports my participation in the program along with all duties and commitments that come with this responsibility.

Signature _____

Date _____

Supervisor/Division Superintendent Signature

Date _____