

## WELL-BEING CHAMPION APPLICATION FORM

We are excited about your interest in becoming a member of our well-being champion's team! Please complete this form so we can learn a bit more about you and your interest in well-being champion membership.

**First Name:**

**Last Name:**

**Email Address:**

**Department/Location:**

**Have you previously served as a well-being champion?**

- Yes – When?
- No

**Do you have a particular area of interest or expertise related to well-being (e.g., physical activity, nutrition, mental health, social well-being, financial well-being, etc.)? If yes, please describe below:**

**Why do you believe you are a great candidate to serve as a well-being champion?**

**Which function(s)/role(s) do you believe you are best suited for (check all that apply)?**

- Helping to communicate the program initiatives to my colleagues—getting the word out!
- Providing support and guidance around a particular well-being topic or topics.
- Helping to organize events/initiatives

**Are you willing to periodically join well-being champion meetings and volunteer your time to assist with promoting our well-being program?**

- Yes
- No