



Wellness Champion Application

CWRU Wellness Champions are faculty and staff representatives who promote wellness opportunities to their department, colleagues, and friends

In addition to continued participation in wellness programs, Wellness Champion of about one hour per month. All Wellness Champions must secure supervisory approval to act in the role.

Name: _____ Today's Date: _____

Job Title: _____ Department: _____

CWRU Email: _____ Phone Number: _____

Campus Mailing Address: _____

Do you currently receive the \$25 Monthly Wellness Incentive and are you actively working toward at least one of the \$100 Wellness Program Incentives? YES NO

If you selected "NO" please list the CWRU Wellness programs to which you have not started:

Why would you not be interested in this position? _____

If someone referred you to this program, please share their name: _____

Supervisor Signature: _____ Date: _____

Applicant Signature: _____