**Add Company Logo**

**Wellness Champion**

**Application**

Thank you for your interest in applying to be a (Company Name) Wellness Champion. Your application must be

approved by your immediate supervisor. To apply complete this application, obtain your supervisor’s signature and

send the completed form to:

(Contact Name)

(Contact Title)

(Department Name)

(Location)

Applicant Name

Position

Agency/Department

Division

Work Location

Work Phone

Reports to

E-mail Address

Describe your personal interest in health

and

wellness.

I

f you could change one thing about your worksite (work policy, physical thing, or attitude) that would make it a

healthier place to work, what would you change, and why?

Do you envision any problems that would interfere with your Wellness Champion activities?

What experience do you have that would be helpful in championing the goals and objectives of (Company Name)’s

Worksite Wellness Program?

Applicant Signature:

Date:

Supervisor Signature:

Date: