

Wellness Ambassador

APPLICATION

*return application via email to wellness@andrews.edu or drop it off at the Wellness Lounge (CC 168)

FIRST NAME:

LAST NAME:

STATUS: (please circle or highlight) FACULTY STAFF

STATUS: (please circle or highlight) FULL-TIME PART-TIME LESS than PART-TIME

DEPARTMENT:

EMAIL ADDRESS:

CELL PHONE:

T-SHIRT SIZE:

I, _____, commit to being an official Wellness Ambassador for the Andrews University Wellness initiative to participate in and represent at events and programs sponsored by University Wellness, to invite others to events and programs offered by University Wellness via all different communication pathways, answer questions about the new University Wellness initiative, inspire others to wellness and live by example, realizing that none of us are perfect!

Further, I commit to positively talking about and representing the University Wellness initiative at all times. I will regularly check the following website: www.andrews.edu/wellness to inform myself about all things happening. If University Wellness is looking for volunteers for particular events or programs, I will do my very best to participate.

SIGNATURE

DATE

For office use only:

CWA: _____

Added to membership directory (Excel): _____

Added to listserv: _____

Processed by: _____