

# UTRGV Wellness Champions Interest Form



Thank you for your interest in joining the **Wellness Champion** network. Please provide information by completing this form including your supervisor's acknowledgement and submitting the completed form to [EmployeeWellness@utrgv.edu](mailto:EmployeeWellness@utrgv.edu).

CONTACT INFORMATION	
Name:	Title:
Department:	UTRGV Primary Work Location:
Work Phone:	Work E-Mail:
QUESTIONS	
Share more about your personal interest in health and wellness.	
What are some of your strengths, knowledge, and/or talents that would be helpful in championing the goals and objectives of the UTRGV Employee Wellness initiatives?	
Please share any current or previous involvement in wellness activities (both at UTRGV or external community).	
What current health and wellness efforts does your department promote?	
Share at least 2 ideas you have to enhance the overall health awareness and wellness of your department?  Idea # 1:  Idea # 2:	
Acknowledgement and Agreement	
My signature below indicates my interest in actively participating as a Wellness Champion for my unit/worksites for at least one year or until the end of the fiscal year (whichever occurs first). I have reviewed the Wellness Champions Roles & Responsibilities and I agree to be a liaison and advocate for a culture of health and well-being and to support the initiatives. I understand that I am giving permission for my contact information to be listed on communication materials as a Wellness Champion.	
Applicant Signature:	Date:
Supervisor Acknowledgement	
Supervisor Name:	Supervisor Title:
Supervisor Signature:	Date: