

## 2015 Syracuse University Wellness Champion Network Application

### Contact Information

Name	
Title	
Work Site & Department	
Work Phone	
Campus Mailing Address	
Email Address	

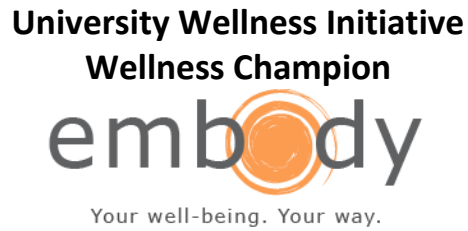
What is your normal work shift (days and times)? \_\_\_\_\_

### Your Personal Wellness

*Tell us your personal wellness story! What interests do you have, what motivates you to be well, and how do you practice wellness?*

Return completed application to the University Wellness Initiative,  
640 Skytop Road, Suite 208 or Fax 315-443-1522  
or scan and send to [wellness@syr.edu](mailto:wellness@syr.edu)

Please note this application requires Manager/Supervisor approval, see Page 4



### Role and Responsibilities

Wellness Champions support the University Wellness Initiative mission by acting as liaisons between the Syracuse University faculty and staff population and the University Wellness Initiative team.

Wellness Champion Role and Responsibilities can be found at [wellness.syr.edu](http://wellness.syr.edu)>wellness champion network tab

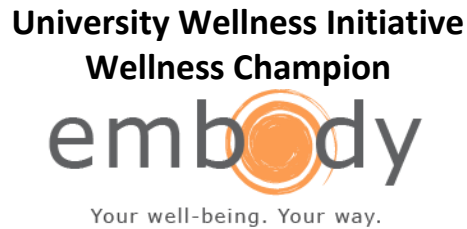
I have read and understand my role and responsibility as a Wellness Champion.

\_\_\_\_\_ (please initial)

***Why are you interested in becoming a Wellness Champion? Please tell us why you are personally interested in supporting wellness at Syracuse University among your co-workers.***

**Return completed application to the University Wellness Initiative,  
640 Skytop Road, Suite 208 or Fax 315-443-1522  
or scan and send to [wellness@syr.edu](mailto:wellness@syr.edu)**

**Please note this application requires Manager/Supervisor approval, see Page 4**



**2015 Meeting Schedule**

Mark your calendars!

- |                             |                  |                 |                    |
|-----------------------------|------------------|-----------------|--------------------|
| <b>1. Kickoff Meeting</b>   | <b>April 30</b>  | <b>noon-1pm</b> | <b>500 HL</b>      |
| <b>2. Follow up Meeting</b> | <b>August 20</b> | <b>noon-1pm</b> | <b>Schine 228B</b> |
| <b>3. Follow up Meeting</b> | <b>TBD</b>       |                 |                    |

*A meeting invite will be sent to your email prior to each meeting. Please promptly “accept” or “decline” the meeting invite so that we may get an accurate number of attendees.*

**Faculty/Staff Agreement and Signature**

By submitting this application, I affirm that the information set forth in it is true and complete. I understand that I am expected to participate to the best of my ability.

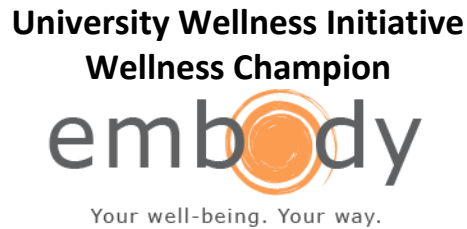
<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

**Your Manager/ Immediate Supervisor**

<b>Name</b>	
<b>Title</b>	
<b>Work Site &amp; Department</b>	
<b>Work Phone</b>	
<b>Campus Mailing Address</b>	
<b>Email Address</b>	

Return completed application to the University Wellness Initiative,  
 640 Skytop Road, Suite 208 or Fax 315-443-1522  
 or scan and send to [wellness@syr.edu](mailto:wellness@syr.edu)

Please note this application requires Manager/Supervisor approval, see Page 4



**Manager Agreement and Signature**

Managers/Supervisors:

Roles and Responsibilities of a Wellness Champion can be found at [wellness.syr.edu](http://wellness.syr.edu)>Wellness Champion Network.

By signing this application, I acknowledge that \_\_\_\_\_ (employee name) may participate in the SU Wellness Champion Network. I understand that this employee will dedicate a limited amount of work time to this initiative, which may include but is not limited to: attending 3 meetings per year, responding to and forwarding emails, distributing flyers, organizing activities, and serving as a wellness role model and motivator for other employees in this department.

I agree to give \_\_\_\_\_ (employee name) time to make announcements about wellness programs and events at department meetings, and/or provide other avenues for our department to be informed and involved in wellness activities.

<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

If you have any questions or concerns please contact the University Wellness Initiative office at [wellness@syr.edu](mailto:wellness@syr.edu)  
315-443-5472

**Return completed application to the University Wellness Initiative,**  
**640 Skytop Road, Suite 208 or Fax 315-443-1522**  
**or scan and send to [wellness@syr.edu](mailto:wellness@syr.edu)**

**Please note this application requires Manager/Supervisor approval, see Page 4**