

2015 Syracuse University Wellness Champion Network Application

Contact Information

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

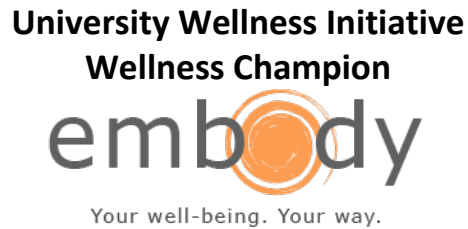
What is your normal work shift (days and times)? _____

Your Personal Wellness

Tell us your personal wellness story! What interests do you have, what motivates you to be well, and how can you inspire others to do so?

Return this application to the University Wellness Initiative
111 Waverly Ave, Suite 215 or Fax 315-443-4146 or scan and send to 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>wellness champion network tab

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

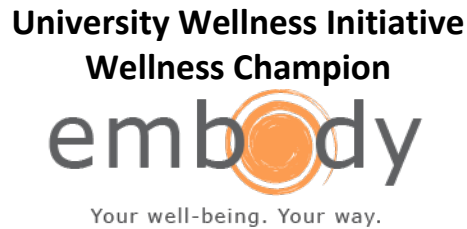
_____ (please initial)

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.

***All Wellness Champions will be invited to a kick-off luncheon on March 20 (12-1pm), Hall of Languages
Room 500
Invitations will be sent via email.***

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2015 Meeting Schedule

Mark your calendars!

- | | | | |
|-----------------------------|----------------------|-----------------|------------------------------------|
| 1. Kickoff Meeting | April 30 | noon-1pm | Hall of Languages, Room 500 |
| 2. Follow up Meeting | fall 2015 TBD | noon-1pm | |

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.

Name (printed)	
Signature	
Date	

Your Manager/ Immediate Supervisor

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

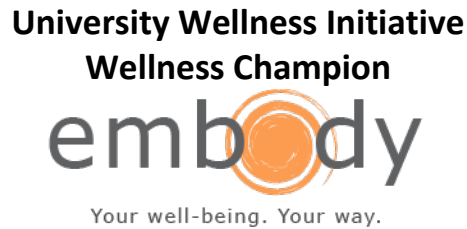
Manager Agreement and Signature

Managers/Supervisors:

Roles and Responsibilities of a Wellness Champion can be found at wellness.syr.edu>Wellness Champion Network.

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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.

Name (printed)	
Signature	
Date	

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

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