



WELLNESS CHAMPION APPLICATION

Please Type or Legibly Print. Please Complete All Sections.

Thank you for your interest in applying to be a Wellness Champion. Your application must be approved by your manager/supervisor. Please return your completed application to Shannon Carmody, City of Tacoma Wellness Coordinator, via email (wellness@cityoftacoma.org), fax (253.591.5873) or mail (747 Market ST RM 1448, Tacoma, WA 98402).

EMPLOYEE INFORMATION

Name: _____ Employee ID #: _____

Phone #: _____ Email: _____

Work Site & Department: _____

Job Title: _____ Represented (Yes or No) _____ If yes, what Local? _____

Normal Work Shift (Days & Hours): _____

WHY ARE YOU INTERESTED IN BECOMING A WELLNESS CHAMPION?

Please tell us why you are personally interested in supporting wellness at the City of Tacoma among your co-workers. You are also encouraged to share your wellness story! What interests do you have, what motivates you to be well, and how can you inspire others to do so?



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ROLES AND RESPONSIBILITIES

ROLES

- Serve as a liaison between the Tacoma Employee Wellness Program and your work department/location.
- Serve as the wellness contact for your department/location. Direct them to the Wellness Coordinator and/or Tacoma Employee Wellness microsite when necessary.
- Serve as a role model and motivator to create excitement around leading a healthy lifestyle.
- Assist with and provide feedback for Tacoma Employee Wellness activities and events (i.e., Health Fairs).
- Recommend improvements and solutions.

RESPONSIBILITIES

- Participate in, as well as promote the Tacoma Employee Wellness Program and related activities.
- Distribution of program materials for communications, activities and events.
- Attend Wellness Champion meetings/trainings (approximately 2-4 hours per month).
- Survey the staff on interest and needs for improvement process and onsite programs.
- Serve a 1 or 2 year term.

EMPLOYEE AGREEMENT AND SIGNATURE

By submitting this application, I understand that if my application is selected, I am committing to be a Wellness Champion for 1 or 2 years and am expected to participate to the best of my ability.

Name (Printed): _____ Term Election (1 or 2 years): _____

Signature: _____ Date: _____



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YOUR MANAGER/IMMEDIATE SUPERVISOR

Name: _____ Job Title: _____

Work Site & Department: _____

Phone #: _____ Email: _____

MANAGER/SUPERVISOR AGREEMENT AND SIGNATURE

By signing this application, I acknowledge that _____ (employee name) may participate in the Tacoma Employee Wellness Champion Program. 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 Wellness Champion meetings/trainings (2-4 hours per month), 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 the Tacoma Employee Wellness Program and events at department meetings, and/or provide other avenues for our department to be informed and involved in wellness activities.

Signature: _____ Date: _____

If you have any questions or concerns, please contact the Wellness Coordinator at

wellness@cityoftacoma.org

253-591-2002

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747 Market ST RM 1448, Tacoma, WA 98402 or Fax 253-591-5873 or scan and send to wellness@cityoftacoma.org.