



## CVT District Wellbeing Champion Activity Form

Date:	<del></del>	
Wellbeing Champion:	E-mail address:	
	Phone number:	
School District Name:		
	g policies or procedures that CVT will need to follow when	-
Name of Activity:		
Start Date:	End Date:	
Purpose:		
Description:		
<b>Describe</b> how district administration an planning and/or promotion to their em	nd union chapter leaders will be involved in the success of ployees/members.	the project including

evaluation description (like	a follow-up survey or a fee	edback form after the ev	vent): 
Budget Estimate (list ea	ach item separately & add	more lines if needed)	
		-	
		-	
		Total: _	
	Signature		
	Signature		Date
fter completion of the Eval irst activity reward - \$50 g Dick's Sporting Goods	ift cards:	vard: □ Subway	□ Lowe's
Whole Foods	□ REI	☐ Home Goods	☐ Home Depot
econd activity reward - \$1	00 gift cards:		
Dick's Sporting Goods	☐ Home Goods	☐ Subway	□ Lowe's
Whole Foods	□ REI	□ Target	☐ Home Depot
hird activity reward - \$200	gift cards:		
Dick's Sporting Goods	□ TJMaxx	☐ Subway	□ Lowe's
Disneyland	□ REI	☐ Home Goods	☐ Home Depot
send completed form to: Ro			Activity # Reward