



CVT Fit for Life Wellbeing Program

CVT District Wellbeing Champion Enrollment Application

An enrollment application must be completed and returned by the District Administrator to **Robin Wood, CVT Health Program Manager, at robinw@cvtrust.org** to be included in the CVT Fit For Life Wellbeing Program.

1. To be completed by the Nominator/District Administrator

We nominate _____ as our District Wellbeing Champion for the current school year.

 Nominee's title District Name

 Nominee's Mailing Address Nominee's phone number and e-mail

 Nominator/District Administrator email address Nominator/District Administrator phone number

2. To be completed by employee/nominee. Please initial statements below and sign.

_____ I understand the basic goals of the CVT Fit for Life Wellbeing Program and the responsibilities of the Wellbeing Champion outlined in the CVT District Wellbeing Champion document.

_____ I will attend any required meetings and will complete the required reporting.

_____ I understand part of my objective is to promote and encourage my co-workers to participate in programs offered through CVT.

_____ I understand the incentives earned will be based on the objectives fulfilled (see District Wellbeing Champions FAQ).

X _____
Nominee's Signature Date

X _____
Nominator / Administrator Signature Date

 Nominator / Administrator Name printed