

FIT FOR LIFE



CALIFORNIA'S VALUED TRUST
Healthcare Benefits for the Education Community

YOUR WELLBEING SOLUTION

CVT District Wellbeing Champion Nomination Form

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 Email

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