Strive
By California's Valued Trust

CVT District Wellbeing Champion Activity Form

Date: _____

Wellbeing Champion: _____

Email Address: _____ **Phone Number:** _____

School District Name: _____

Describe any specific district accounting policies or procedures that CVT will need to follow when issuing the funds.

Address for check to be sent: _____

Name of Activity: _____

Start Date: _____ **End Date:** _____

Purpose:

_____

Description:

Describe how district administration and union chapter leaders will be involved in the success of the project including planning and/or promotion to their employees/members.

Updated 9-24-26

Evaluation description (like a follow-up survey or a feedback form after the event):

Budget Estimate (list each item separately and if you are requesting this amount be applied to your annual allocation. If so, state whether CVT will reimburse you (with receipts) or sending a check to the district):

Total: _____ ☐ Make check payable to school district ☐ Reimburse Champion (receipts required)

_____ _____

Signature Date

After completion of the Evaluation, please select a reward (gift cards can be given in smaller increments upon request):

First activity reward - $50 gift card:

- ☐ Dick's Sporting Goods
- ☐ Amazon
- ☐ Barnes and Noble
- ☐ REI
- ☐ Subway
- ☐ Home Goods
- ☐ Lowe's
- ☐ Home Depot
- ☐ Other_____

Second activity reward - $100 gift card:

- ☐ Dick's Sporting Goods
- ☐ Amazon
- ☐ Home Goods
- ☐ REI
- ☐ Subway
- ☐ Target
- ☐ Lowe's
- ☐ Home Depot
- ☐ Other_____

Third activity reward - $200 gift card:

- ☐ Dick's Sporting Goods
- ☐ Disneyland
- ☐ TJMaxx
- ☐ REI
- ☐ Subway
- ☐ Home Goods
- ☐ Amazon
- ☐ Home Depot
- ☐ Other_____

Send completed form to: Robin Wood, **robinw@cvtrust.org**

Activity #1, #2 or #3 ___

Updated 9-24-26