Strive
By California's Valued Trust

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 Strive Wellbeing Program.

1. To be completed by the Nominator/District Administrator

We nominate _____ as our District Wellbeing Champion.

_____
Nominee's Title District Name

_____
Nominee's Mailing Address

_____
Nominee's Email Address

_____
Nominator/District Administrator Email 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 Strive Wellbeing Program and the responsibilities of the Wellbeing Champion outlined in the CVT District Wellbeing Champion FAQ document.

_____ I will do my best to attend 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

Updated 9-24-26