WELL Leader Application

INSTRUCTIONS This form is used to apply for consideration as a WELL Leader for your Division/College/Unit as part of the Texas A&M University WELLNESS WORKS! program.

Section 1: Employment Information

Employee Name		UIN
Title		College/Division
Department/Unit Name	Office number	Building Name
Phone	Mail Stop	Email

Section 2: Short Answer Questions

1. Why do you want to become a WELL Leader?

2. What experience, qualities, and skills do you have that would be helpful in championing the goals and objectives of the *WELLNESS WORKS!* program?

3. How would you promote wellness as a WELL Leader?

Section 3: Employee Acknowledgement By signing below, I acknowledge that I have read, understand, and accept the WELL Leader responsibilities* should I be selected to fill this role for my Division/College/Unit. Applicant Signature *WELL Leader responsibilities found at wellness.tamu.edu. Section 4: Supervisor Acknowledgement By signing below, I support and approve the above employee to serve as a WELL Leader and to carry out the responsibilities of WELL Leaders. Supervisor Printed Name

Date

SUBMIT FORM TO: wellness@tamu.edu

Address questions about WELLNESS WORKS! to: Phone (979) 862-4956 wellness@tamu.edu

Supervisor Signature