



Wellness Champion Application

Thank you for your interest in applying to be a Healthy Opportunities Wellness Champion. Your application must be approved by your immediate supervisor. To apply complete this application, obtain your supervisor's signature and send the completed form to:

Sheryl Jensen
Healthy Opportunities Coordinator
Department of Administrative Services – Human Resources
Hoover Building, Level A

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|-------------------------|----------------------|
| Applicant Name _____ | Position _____ |
| Agency/Department _____ | Division _____ |
| Work Location _____ | Work Phone _____ |
| Reports to _____ | E-mail Address _____ |

Describe your personal interest in health and wellness.

If you could change one thing about your worksite (work policy, physical thing, or attitude) that would make it a healthier place to work, what would you change, and why?

Do you envision any problems that would interfere with your Wellness Champion activities?

What experience do you have that would be helpful in championing the goals and objectives of the State of Iowa's Healthy Opportunities Program?

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| Applicant Signature: _____ | Date: _____ |
| Supervisor Signature: _____ | Date: _____ |