Wellness Champion Data Sheet

Name: _____

Agency: _____

Mailing Address: _____
(preferred address to receive committee information)

City: _____ Zip: _____

Phone Number: (_____)_____
(preferred number for us to reach you)

Email Address: _____
(preferred email to receive committee information)

Shift/Hours you work: _____

(_____) YES I have received permission from my supervisor to be part of the Wellness Champion Network.

(_____) YES I give permission for my name to be listed as a member of the Wellness Champion Network on the HealthQuest website or other wellness communication materials.

Signed: _____ _____/_____/2013

Wellness Champion Network Mission Statement:
To help employees achieve wellness balance and create a culture of health in Kansas.