



## Vitality Champion Application 2010-2011

### Contact Information

Name:	
Title/Position:	
Volunteer/Nominated by?	
Cluster/Site/Location:	
Work Address and MC:	
Work Phone/E-Mail:	
Work Days and Hours	
Number of SCCOE Employees at Location	

### Why do you want to be a Vitality Champion?

### Additional information you wish to share.

(Previous experience, hobbies, sports, healthy lifestyle success story, or other things you would like us to know about you.)

### Agreement

I agree to represent the SCCOE employee wellness program as a Vitality Champion for the school year. I understand the roles and responsibilities that are expected of me in implementation and coordination of the SCCOE staff wellness program.

Signature:	
Supervisor's Name:	
Supervisor's Signature for Approval:	
Date:	