



Wellness Volunteer Application Form

I understand that as a Wellness Volunteer my activities and conversations regarding the Sound Health & Wellness Trust's LiveWell wellness programs must be performed off work time. I also understand that my role as a Wellness Volunteer is not as an authorized representative of the Sound Health & Wellness Trust. When I have free time and when I am able I will be a proud promoter of health and wellness to others.

Signature: X _____

Please Print Clearly

Name: _____ SSN: _____

Phone number: _____ Email Address: _____

Home Mailing Address: _____

Best time to contact: _____

Workplace name: _____

Shift hours: _____

Job title/Department: _____

Please return this form to:

Sound Health & Wellness Trust Wellness Volunteer Network
201 Queen Anne Avenue North, Ste. 100
Seattle, WA 98109

Questions? Call (800) 225-7620, option 2 and then option 5