



Wellness Volunteer Application Form and Agreement

I understand that as a Wellness Volunteer my activities and conversations regarding the Sound Health & Wellness Trust's programs must be performed off work time unless my employer authorizes the activities to take place during work hours. I also understand that my role as a Wellness Volunteer is not as an authorized representative of the Sound Health & Wellness Trust. I will be a proud promoter of Sound Health & Wellness programs to others by participating in activities such as:

- ✓ Joining and actively participating in the Wellness Volunteers & Advocates Facebook group page
- ✓ Providing program information that your Wellness Coordinator sends you to post in your break room, announce at a meeting, etc.
- ✓ Promoting the Trust's programs when talking with your co-workers
- ✓ Coordinating healthy activities in your workplace
- ✓ Partnering with your Wellness Coordinator for special workplace activities
- ✓ Participating in wellness challenges when they are offered by your Wellness Coordinator
- ✓ Recruiting a co-volunteer at your work site
- ✓ Participating in Wellness Volunteer group meetings, conferences, and touch bases with your Wellness Coordinator

Signature: X _____

Please Print Clearly

Name: _____ Last 4 SSN: _____

Phone number: _____ Email Address: _____

Home Mailing Address: _____

Are you on Facebook? Yes- No-

Email address your Facebook account is associated with: _____

**This is a great way to connect with other Volunteers and your Wellness Coordinator and stay up to date on the current activities of the network.*

Best time to contact: _____

Employer name: _____ Circle Plan : PPO or Kaiser

Workplace location: _____

Shift/hours: _____

Job title/Department: _____

Please return this form to:

Sound Health & Wellness Trust Wellness Volunteer Network

Attn: Wellness Coordinator

11724 NE 195th Street, Suite 300

Bothell, WA 98011-3145

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