| Office of Wellness PromotionWellness Ambassador Application | | | | | | |
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| **Applicant Information** | | | | | | |
| Name: | | | | | | |
| Date of birth: | | WCU ID: | | Phone: | | |
| Campus address: | | | | | | |
| Year in School: | | Major: | | GPA: | | |
| Gender: | | T Shirt Size: | | |  | |
| **Work Experience**  (Please List work experience including current jobs) | | | | | | |
| Employer: | | | | | | |
| Position: | | | | | How long? | |
| Job Duties: | | | | | | |
| Employer: | | | | | | |
| Position: | | | | | How long? | |
| Job Duties: | | | | | | |
| Employer: | | | | | | |
| Position: | | | | | How long? | |
| Job Duties: | | | | | | |
| **Reference**  (Please provide the following information for one reference) | | | | | | |
| Name: | | | | | | |
| Relation to applicant: | | Phone: | | Email: | | |
| Address: | | | | | | |
| City: | | State: | | ZIP Code: | | |
| **Other Information** | | | | | | |
| 3 words to describe you: | 1. | | 2. | | | 3. |
| Describe your interest in becoming a Wellness Ambassador: | | | | | | |
| Special interests/skills/talents: Please list and/or explain any skills you have that will be helpful in determining your qualifications as a Wellness Ambassador: | | | | | | |
| What wellness issues do you feel would be important to address for WCU students? | | | | | | |
| Please list time commitments for the upcoming academic year (i.e., academic load, work, clubs, etc.) | | | | | | |
| Are you eligible for work study? \_Yes \_No | | | | | | |
| Have you been involved in any violation of college policy? \_Yes \_No | | | | | | |
| *By submitting this application I am indicating I am aware of the Student Code of Conduct and authorize the Office of Wellness Promotion staff to verify my GPA and disciplinary status. By submitting this application, I certify that the information in this application is correct.*  Name: Date: | | | | | | |

**Return application and resume, by 3/24/2017 to Sherry Mendez smendez@wcupa.edu**