|  **Return application and resume, by 3/22/2019 to wellness@wcupa.edu**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:  |