



Wellness Ambassador Application

Name: _____

Department: _____

Title: _____

Office Location: _____

of Employees in Office/Department: _____

Phone: _____ Email: _____

Faculty

Staff

Why do you want to become a Wellness Ambassador for your department?

How is wellness currently a part of your life?

I understand that I will be expected to:

Participate in at least one Gamecocks LiveWell program or service per semester

Serve as a liaison between Gamecocks LiveWell and my department

Share Gamecocks LiveWell program information in my department monthly

Have my supervisor's approval to serve as a Wellness Ambassador

Supervisor Name and Title: _____

Supervisor Phone: _____ Supervisor Email: _____

Please submit your completed application to Amanda Castles, Associate Director – Faculty/Staff Wellness, via email at castlesa@mailbox.sc.edu or campus mail (Student Health Services).

Gamecocks LiveWell