

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Wellness 50+ Team Member Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Best number to reach you:     Home     Work     Cell

What is your work status:     Retired/not working for pay     Working part time     Working full time

What **interests** you about being involved with the Wellness 50+ program?

What do you believe are the greatest **strengths** that you bring to the effort?

What other groups or associations have you been involved with?

Please tell us about **your skills, interests, talents and knowledge** you have gained throughout your life and would like to apply in the Wellness 50+ program?

Please provide a **short bio** about yourself. (Up to 300 words. This bio will be shared with others if you are selected for the Wellness 50+ Evolve Team.)