

2025 Well Leader Application

INSTRUCTIONS This form is used to apply for consideration as a 2025 Well Leader for your Division/College/Unit as part of the Living Well at Texas A&M program for a full calendar year (January 1, 2025 – December 31, 2025). Submit completed and signed forms to livingwell@tamu.edu.

Section 1: Employment Information

Employee Name	UIN		
Title		College/Division	
Department/Unit Name	Building Name	City/Location	
Phone	Mail Stop	Email	
T-Shirt Size*	,	•	

Section 2: Short Answer Questions

1.	Why o	ob,	you	want	to	become/	remain/	а	Well	Leader	?
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2. Please specify how you are able to attend meetings every other month.

In-Person

Virtual

Both

3. What are some of your favorite Living Well programs (past and present)?

4. What are some wellness programs that you would like to see in the future?

^{*}T-Shirts will be distributed to official Well Leaders at the mandatory Well Leader Retreat.

Section 3: Employee Acknowledgement of Commitment

If selected as a Well Leader, I agree to fulfill the following voluntary Well Leader responsibilities:

- Serve as an ambassador of the Living Well program at the unit level for a full calendar year (January 1, 2025 December 31, 2025).
- Attend the **mandatory** Well Leader Retreat on **Wednesday**, **January 29**, **2025**, **8:30 a.m. 2:30 p.m.** and any following Well Leader meetings.
 - ❖ In the event that I am unable to attend the retreat and/or regular meetings, I will notify the Living Well team via email at livingwell@tamu.edu.
 - Please note: all retreats and meetings held during regular Texas A&M University business hours are considered University Business.
- Stay informed about Living Well programs, events, and resources.
- Assist with communicating Living Well programs through email, displaying printed materials (poster, flyers, etc.), or other means.
- Recruit others and encourage active participation in Living Well programs and events.
- Promote Living Well at department/unit staff meetings.
- Provide feedback, suggestions, and recommendations for program improvements and future considerations.
- Attend networking and training opportunities offered to Well Leaders through the Living Well program.
- Network and share ideas with fellow Well Leaders across the University.
- Lead by example!

By signing below, I acknowledge that I have read, ur listed above.	nderstand, and accept the Well Leader responsibilities
Applicant Signature	Date
Section 4: Supervisor Acknowledgement	
By signing below, I approve the above employee to so of Well Leaders. I agree to support their attendance a	serve as a Well Leader and to carry out the responsibilities at wellness events and/or meetings.
Supervisor Printed Name	-
Supervisor Signature	Date
SUBMIT FORM TO: livingwell@tamu.edu	QUESTIONS: livingwell@tamu.edu