



Booster Application/Commitment Form

I am interested in becoming a Healthier U Booster and am committed to developing the skills and knowledge needed to influence positive changes as part of the Healthier U worksite wellness initiative.

The Goal

As a Healthier U Booster, I will work to create a workplace culture of health and wellness and perform duties to support the Healthier U Advisory Committee.

As a Healthier U Booster, I commit to:

- Having a conversation with my manager/supervisor about my potential involvement as a Healthier U Booster.
- Promote participation in Healthier U events and encourage those around me to make small healthy behavior changes.
- Attend trainings or support meetings.

As a Healthier U Booster, I will also:

- Be a role model by participating in wellness initiatives, as requested.
- Utilize my knowledge of the organization and its culture to help ensure the success of the wellness program.
- Partner with the Healthier U Advisory Committee and workgroups to communicate to employees about the wellness program and its goals.

I understand my role as a Healthier U Booster will be to support the mission of Healthier U to create a community that encourages and supports the health and well-being of all employees in the workplace.

I have read and fully agree to this letter of commitment.

Booster Signature _____ Date _____

Booster Print Name _____ Email _____

Work Phone # _____ Cell Phone # _____

Physical Work Address _____

Circle: Manager/Supervisor OR Rank and File If applicable, Bargaining Unit _____

Center: _____ Division: _____ Section: _____ Unit: _____

Email your form to Healthier U at healthierU@xxx.ca.gov

I need 3 hours of work-time per month to attend Healthier U trainings and meetings, motivate co-workers, and help create small changes in my work unit. This time is approved by the (fill in department name) executive staff. Yes ___ NO ___

If YES, Manager Signature _____ Date _____

Manager Print Name _____

Manager Email _____ Manager Phone _____