

*Monterey County Schools Insurance Group*  
*Health Promotion Program*  
**Wellness Advisory Committee & Wellness Ambassador**  
**\* \* \* Application \* \* \***

Please return to: **Neil Hertsch, MCSIG Health & Wellness Program Manager** Fax 755-0172  
76 Stephanie Dr., Salinas, CA 93901

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Favorite Meeting Drink/Snack: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Number of years in the district? \_\_\_\_\_

**1. Describe your personal interest in health or wellness.**

**2. List any formal education or experience which would help you in this position.**

**3. If you could change one thing about your work site (work policy, physical thing, or attitude) that would make it a healthier place to work, what would you change, and why?**