Instructions: If you are interested in serving as a representative or alternate on the BAM wellness committee, complete the application below, get your supervisor's signature, and follow next steps as instructed by your department. Final approval process varies by department.
Questions? Contact BAM at 498-5984.

## Name:

$\qquad$ Office/Division/Department:
Address: $\qquad$ Phone: $\qquad$

1) Check which BAM committee position you are interested in serving. If interested in either position, please check both boxes.BAM Representative
BAM Alternate
2) The BAM committee meetings will take place bi-monthly on the $3^{\text {rd }}$ Tuesday from 3:00-4:30 pm. The Main Rep is asked to attend; the Alternate is asked to fill in should Rep not be able to attend. Do these times fit into your schedule? Note: Meeting locations are typically at 200 West Oak Street.
3) Do you feel you'd be able to dedicate up to 1 hour per week, not including attendance at the bimonthly BAM committee meetings, in order to fulfill this role?
4) Why are you interested in serving on the BAM committee?
5) Why do you feel that you would be a good BAM representative or alternate for your office/division/department?

Section Below to be completed by Supervisor
Supervisor Signature \& Date: $\qquad$
Recommended Next Steps for Applicant: $\qquad$

