

## Student Wellness Ambassadors Program Application

| First & last name  | Today's date   |
|--|----------------|
| Street address   |                |
| City, zip code   |                |
| Email address  | Year in school |
| Cell phone #   | Major          |
| Exp. grad date   | GPA            |
| Why are you interested in serving as a wellness ambassador?  |                |
| Please list any current campus activities you are involved with.   |                |
| What strengths will make you a strong leader and role model for other Foothill students?                               |                |
| What motivates you? Who inspires you? How would you motivate and inspire others related to wellness and mental health? |                |