**Fayetteville State University Student Health Services**

**Bronco Wellness Program Request Form**

**This form must be submitted at least 2 weeks prior to the requested program dates.**

**Date:**

**Is this a request to collaboration with a university department or organization? Yes  No**

**If yes, please provide university department or organization name:**

|  |  |
| --- | --- |
| CONTACT INFORMATION | |
| Name: |  |
| Title (RA, athletic trainer, president etc.): |  |
| Organization/Department: |  |
| Campus Address: |  |
| Phone Number: |  |
| E-Mail Address: |  |

|  |  |
| --- | --- |
| For Resident Assistants and Residential Programming | |
| Resident Director/Supervisor Contact Information | |
| Name: |  |
| Campus Address: |  |
| Phone Number: |  |
| E-Mail Address: |  |

|  |  |  |
| --- | --- | --- |
| PROGRAM INFORMATION | | |
| How will you advertise for the program? | | |
| Approximate number of participants:  Audience Size (At least 10)\*: | | |
| Short description of audience (Male /female; year, etc.): | | |
| Desired length of the program: | | |
| Provide three (3) different possible dates for the program. You will be contacted to discuss whether or not these dates can be accommodated. | | |
| 1ST CHOICE  Date:  Time:  Location: | **2ND CHOICE**  **Date:**  **Time:**  **Location:** | **3RD CHOICE**  **Date:**  **Time:**  **Location:** |

**If audio/visual equipment is necessary will the location be conducive to such equipment?**

**Yes  No**

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| --- |
| HEALTH EDUCATION PROGRAMS |
| Select a program topic. Please use one form per program. |
| DIET/NUTRITION  My Plate - Healthy Eating  Nutritional Jeopardy  Creating Healthy Meals  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PHYSICAL FITNESS  Healthy Jeopardy  Weight Loss Challenge  Broncos Move More  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SEXUAL/REPRODUCTIVE HEALTH  STI 101  Negotiating Safer Sex  Sexual Health Jeopardy  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WELLNESS  Dimensions of Wellness  Mindfulness - Stress Reduction  Wellness Assessments  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Personalized Program Idea: |

**PLEASE DESCRIBE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO BE COVERED DURING THE PROGRAM:**

**Return the completed form to:**

|  |
| --- |
| SHS USE ONLY |
| Date received: |
| Date requestor contacted: |
| Date and time of scheduled program: |
| Date Confirmation Sent: |
| Number of Actual Participants: |

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Student Health Services

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