**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:**

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

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

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| 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 CHOICEDate: 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 FITNESSHealthy Jeopardy [ ] Weight Loss Challenge [ ] Broncos Move More [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]   |
| SEXUAL/REPRODUCTIVE HEALTHSTI 101 [ ] Negotiating Safer Sex [ ] Sexual Health Jeopardy [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  |
| WELLNESSDimensions 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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