



WELLNESS AMBASSADOR FORM:

PLEASE PRINT OR TYPE

Name: _____

Department Name: _____

Building/Location: _____

Work Email: _____ @hitchcock.org

Work Phone Number: _____

Approximate number of employees you would represent/influence in your department? _____

- Yes, I have communicated with my supervisor/manager about serving as the Wellness Ambassador.

By filling out this ambassador form, you are agreeing to the responsibilities of the role.

Signature

Date

- Checking this button will constitute your signature if submitted electronically.

Send Your Completed Form To:

D-H North Live Well/Work Well

603.650.5950

livewellworkwell@hitchcock.org

Fax: 603.650.4881

LWWW
Dartmouth-Hitchcock
One Medical Center Drive
Lebanon, NH 03756

Community Group Practices:

603.296.5547

denise.i.biron@hitchcock.org

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