



## Mayor's Health & Wellness Council

On behalf of the Mayors Health & Wellness Council we would like to thank you for expressing an interest in working with the council on upcoming projects and programs that will be designed to educate, inspire, and provide special services to benefit the overall health and wellbeing of all the residents of the Old Bridge Community .

The council is currently accepting applications from those professionals who are interested in volunteering their time and to share their knowledge as well as their talents to form the "advisory panel". The panels function is to identify the needs in different areas of Health & Wellness by the demographics and psychographics of the township. There will also be several volunteer "committees" formed to organize, plan, make the connections, market and advertise each of the proposed programs and projects. In addition to those committee there will be "project teams" that will consist of volunteers who will run the actual programs and projects with the leadership of a project manager for each team. The advisory panned will evaluate all the planned projects and programs from the beginning of the process to the end and suggest any changes deemed necessary to insure their success. It will be based on their professional recommendations which programs will be repeated, changed, extended or canceled.

We understand the value of personal time and are grateful to you for considering donating your time to our cause. As we fully understand that not every program or project will always be possible with your schedule, that is okay. We will appreciate as little or as much of time as you have to spare! We will accommodate everyone as best as possible in order to organize successful teams that work well together and can get the job done.

Kindly take a moment to fill out the short application below indicating your interest. Please include a copy of your most recent resume. If you have any questions about the council or this application please email Rosemarie Rivoli at [rrivoli@oldbridge.com](mailto:rrivoli@oldbridge.com).

## Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Best Ph# \_\_\_\_\_ (Home/Cell/Wrk)

Name of Employer/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Education/Special Training/Certifications:  
\_\_\_\_\_

Hobbies/Interests/Skills: \_\_\_\_\_

## Application Questions

1. Why are you interested in being a part of Mayor Henry's Health and Wellness Council?

\_\_\_\_\_

2. What skills/experience are you able to contribute to the council and community?

\_\_\_\_\_

3. Any special areas of interest in the Health & Wellness Industry?

\_\_\_\_\_

4. Would your employer or business be interested in sponsoring or participating in any Health & Wellness related projects and/or events? \_\_\_\_\_

## Please Designate an X to all that apply:

\_\_\_ I am interested in volunteering for the Mayor's Health & Wellness Council.

\_\_\_ I would like to be considered to become a volunteer member of the following teams within the Mayor's Health & Wellness council (*circle all applicable*):

**Advisory Council**

**Project/Program Committee**

**Project Team**

\_\_\_ I have included my resume (please attach your resume)

# TOWNSHIP OF OLD BRIDGE - MAYOR'S HEALTH & WELLNESS COUNCIL

## Regards

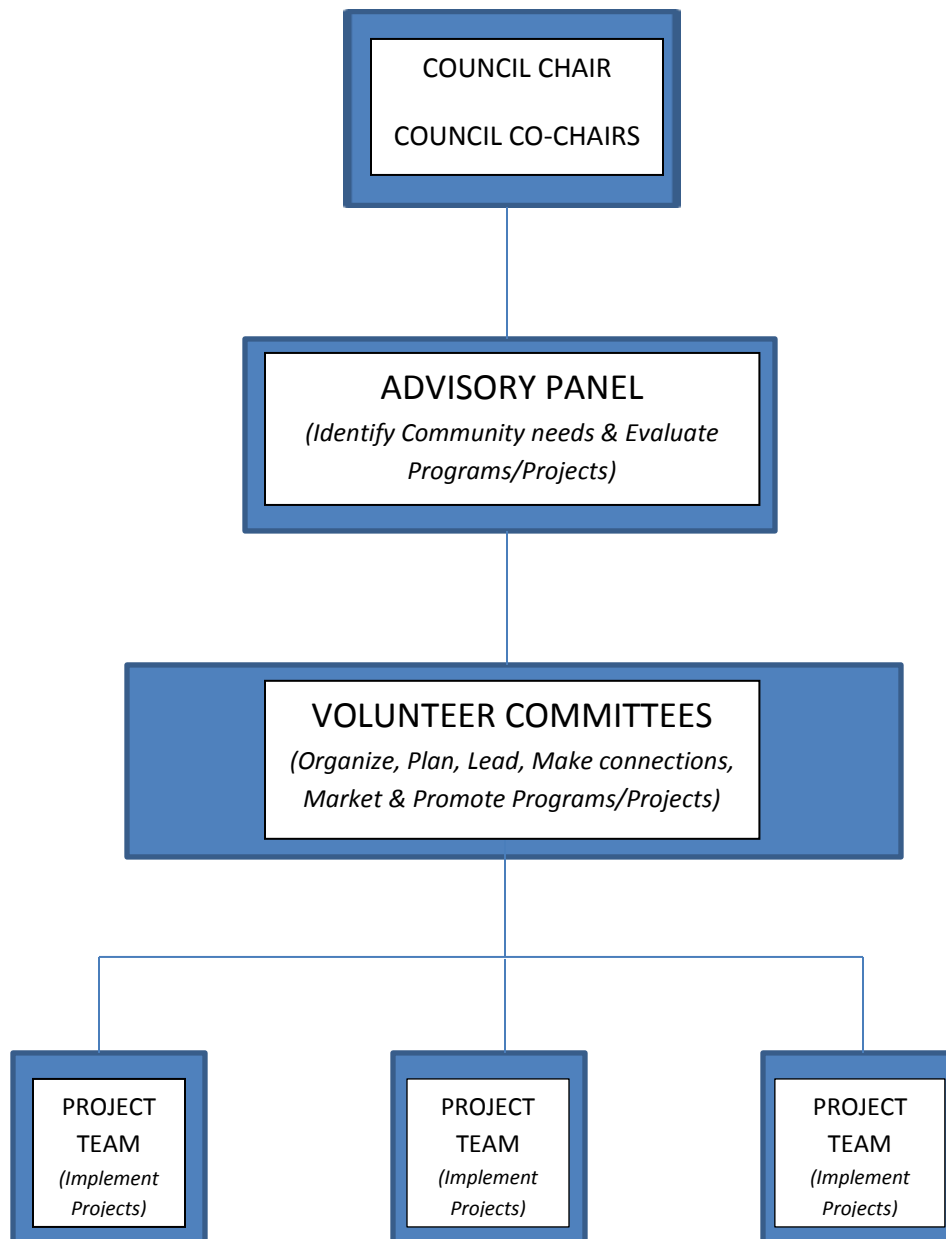
Once again, thank you for considering being a part of a council that makes a difference.

Dr. Nima Patel  
Council Chair

Avril Limage  
Council Co Chair

Rosemarie Rivoli  
Council Co Chair

## STRUCTURE OF HEALTH & WELLNESS COUNCIL



Please keep this sheet for reference