**Loyola University Chicago Wellness Advocates**

**Program Request Form**

**What We Do:**

The Wellness Advocates are a team of volunteer, peer health educators dedicated to helping students achieve optimal health and well-being. Wellness Advocates raise awareness of current college health issues and promote healthy lifestyle choices among all students through creative and interactive education programs, advocacy, and leadership. Our goal is to enhance a healthy campus culture and encourage individual responsibility for personal and community wellness.

We work with different groups across campus to help inform, teach, and promote different issues for the well-being of the student body. If you are interested in having the Wellness Advocates present one of our programs or help plan a program of this nature, please submit your request **at least 14 days** in advance of planned date if possible. We will them respond and let you know if we can accommodate the request. We reserve the right to decline a request if we do not feel there is adequate notice or the ability to provide proper assistance. **\*The Wellness Advocates can present in-person or on Zoom, depending on the comfort level of the requestor and the student presenter. Please indicate which option you prefer.**

Guidelines for co-sponsorship are as follows:

- Topic of program must clearly fit with our mission, goals, and issues we address (see below)

- The Wellness Advocates must play an active part in either planning OR the program/presentation itself.

- The prospective co-sponsoring group must make the request **at least 14 days** prior to the planned event so that

our group may discuss, reply, and plan accordingly.

**Program Details:**

1. What topic(s) do you want the program to address?

Alcohol  Nutrition  Sleep

Stress management    Wellness Center Resources

Other (Subject to approval)     

2. Give a brief description of your group (First-year, Student Org, etc.):

3. What do you need from the Wellness Advocates? *(We have prepared presentations that we can tailor and deliver to your group. We can also lead an activity or assist with your program.)*

a. Do you already have a program designed or an idea for your program?  Yes  No

If you do have a design (or general idea for the direction you’d like the program to go), please provide a brief description so that we may provide guidance and recommendations to the direction of the program:

b. What is the goal of the program? (ie. What are you hoping students will learn or come away with):

c. Please add any additional comments about what you would need from the Wellness Advocates or anything helpful we should know (For example, if you will also have another presenter at the event or have specific requests for us):

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4. What are the date, time, and location of your program?

Date:

Time:

Location (if in-person)\*:

Will this presentation take place on Zoom?:

*\*Room reservations are the responsibility of the co-sponsoring group. If the presentation is virtual, sponsoring groups can create the zoom link and send to the presenter in advance.*

5. Please list your contact information:

Name:

Position:

Email\*:

Phone:

*\*We will reply to accept program requests through email*

**For more information:**

To Contact Us:

**Email:** [**wellnessadvocates@luc.edu**](mailto:wellnessadvocates@luc.edu)

**Advisors:**

Callie Powers, MPH

Alcohol and Other Drug Educator

cpowers1@luc.edu

Alexa Ross, MS, RDN, LDN

Registered Dietitian

[aross15@luc.edu](mailto:Aross15@luc.edu)

**Website:** <https://www.luc.edu/wellness/healthpromotion/getinvolved/advocates/>

**Wellness Center**  
Loyola University Chicago · 6439 N. Sheridan Rd., Suite 310, Chicago, IL 60626  
Phone: 773.508.2530 · Fax: 773.508.8790