



HEALTH MESSENGER INFORMATION

Name of Health Messenger:

Email Address:

Phone Number:

Name of Mentor:

Email Address of Mentor:

Phone Number of Mentor:

SO Program:

Date:

Health Messenger leadership role(s) you will take on:

- Speaker/Presenter/Spokesperson
- Healthy Athletes Coordinator
- Healthy Habits Leader
- Health and Fitness Leader
- Other (i.e. health representative on athlete input council)
 - _____

Describe the health-focused project you commit to doing in your community to demonstrate your leadership in health and wellness:



Your Plan

1. What are you hoping this project will do for other athletes?

2. Who will you reach? (for example: athletes on your team, government officials, members of your community)

3. What resources will you need and use?

4. When will you do this?

5. How will you work with your Special Olympics Program staff?

6. Describe any other steps you will need to take to complete the project:

Other comments (optional):

Practicum completion:

After the Health Messenger training, when you go back to your home Program, you will work with your mentor and Program staff to do your practicum. Once you've completed your practicum you will fill out the practicum completion form and email to: healthmessenger@specialolympics.org