



PERSONAL WELLNESS ACTIVITY FORM

Redeem points toward the Wellness Plan and \$90 REWARD

PLEASE COMPLETE ACCORDING TO YOUR STATUS

Name _____

Email address _____ Date of birth ____ / ____ / _____

Contact phone _____

Please check one **Active Employee** - enter 6 digit employee ID # _____

Retiree - enter date of birth followed by first 4 letters of last name _____

★ **WELLNESS ACTIVITIES ON THIS FORM WILL BE VERIFIED FOR WELLSTEPS REWARDS POINTS** toward the 2021-2022 WELLNESS PLAN and the \$90 gift card.

TO OBTAIN YOUR WELLNESS POINTS, SUBMIT THIS COMPLETED FORM NO LATER THAN MARCH 31, 2021!

To review list of ACTIVITIES and how to redeem points go to the following link: [www.boiseschools.org/our-district/wellness program](http://www.boiseschools.org/our-district/wellness-program)

PERSONAL WELLNESS ACTIVITY OPTIONS

CHECK COMPLETED ACTIVITIES

● **WELLNESS ENRICHMENT:** Complete a class or series of classes with the focus to: obtain a healthy weight, improve fitness, nutrition and/or reduce stress.

Series of classes (min 3+ classes = 75 pts)

1 time event/class (25 pts)

X _____

CLASS FACILITATOR/INSTRUCTOR SIGNATURE

DATE

X _____

NAME OR LOCATION OF CLASS

● **COMMUNITY FITNESS EVENT*:** A physical activity such as a fun run/walk, bike ride, dance-a-thon, yoga-thon, etc.

Community Fitness Event (50 pts)

*Attach registration or attendance confirmation.

If you participate in both a community fitness event AND an endurance event, please submit proof of participation for both events at the same time.

● **ENDURANCE COMPETITIVE EVENT*:** Emphasizes regular training, such as marathons, cycling, swimming, etc.

Endurance Competitive Event (75 pts)

*Attach registration, race results or attendance log.

● **PERSONAL GYM ATTENDANCE:** showing 10 entries per month, for 2 consecutive months.

Personal gym attendance log (75 pts)

OR

Gym attendance alternative (75 pts)

(please see back of form)

I verify that all of the above are true and correct. I understand that failure to complete this form or not provide proper verification by March 31, 2021 will cause above activities to be left **"pending"** and therefore jeopardize meeting the Wellness Plan requirements.

X _____

SIGNATURE OF EMPLOYEE/RETIREE

DATE

You can submit this form any of the following ways:

- Send to the Wellness Coordinator located at the DSC.
- Scan or send a photo of this form & attachments to: wellness@boiseschools.org
- Upload form directly to the REWARDS page at wellsteps.com/boiseschools
- Submit a photo of form using a smart phone or device by using the WellSteps App (found at App Store or Google Play)

● **PERSONAL GYM ATTENDANCE LOG**

MONTH:

	DATE	ACTIVITY
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

MONTH:

	DATE	ACTIVITY
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

● **GYM ATTENDANCE ALTERNATIVE FITNESS PROGRAM**

Type of regular exercise or physical activity you engage in	Days per week	Briefly share the benefit(s) you are experiencing from your regular exercise program

Please exclude daily employment tasks and/or household chores