



Success Story Template

Did you recently meet a major health goal? Do you want to share your success with your Maricopa County colleagues? Maricopa County Wellness Works Program invites you to complete the following template, sign the authorization form, and submit it to [Wellness Works](#), 301 W. Jefferson St., Suite 3200, Phoenix, Arizona 85003

Name: _____ Title: _____

Department: _____

Health change (i.e. weight, BMI, blood sugar, cholesterol, blood pressure, etc. **BEFORE** and **AFTER**): _____

Identify **two** specific items you implemented that helped you with your success.

1. _____

2. _____

How long did it take you to achieve your goal(s)? _____

What advice would you pass along to your co-workers about achieving goals? _____

Quote: _____

Other: _____

RELEASE AUTHORIZATION

I hereby authorize the Maricopa County Employee Benefits and Health Department to use my name, photographs, likeness, success story, and/or testimonial for publication in the Wellness Works Newsletter, the Employee Benefits and Wellness website, or other similar benefits and/or wellness publications throughout Maricopa County. I understand that any photographs or other information submitted will become property of the Maricopa County Employee Benefits and Health Department and will not be returned. I affirm that I am at least 18 years of age.

Printed Name: _____ Signature: _____

Street Address: _____

City, State, Zip: _____ Phone: _____ Date: ____/____/____
