



Human Resources
& Risk Management
COUNTY OF IMPERIAL



**MY WELLNESS
REGISTRATION FORM**

Name: _____

Department: _____

Employee Number: _____

Date of Hire: _____

E-mail Address: _____

Work Phone Number: _____

Signature: _____ **Date:** _____

**The County
Wellness Program is
designed to support
you with developing
health habits for a
lifetime!**

**Whether you want to
learn how to better
care for yourself,
have more energy,
balance your weight,
manage stress or
improve your diet,
there are a variety of
free tools and
resources to help
you make wellness a
part of your everyday
life.**

**If you already completed a Registration form in the
previous year, you do not have to register again.**

**Forms must be completed and returned to the
Human Resources Department
940 W Main Street Suite 101, El Centro, CA
or via email to: ceciliallamas@co.imperial.ca.us**

For more information call: 442-265-1148