

# THRIVE Registration

**Please print clearly**

**You must complete all blanks to register.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Facility: \_\_\_\_\_

**Work or Personal Email Address:** \_\_\_\_\_

Note: Your personal email address will remain private and will only be used to send you THRIVE information and to access the online wellness portal.

Date of Birth: \_\_\_\_\_

Enrolled in Vincentian Health Insurance Plan:  Yes  No

*By signing I acknowledge I am committing myself to participate in and use the resources of the Vincentian Collaborative System THRIVE Wellness Program and complete the online wellness portal with accuracy and honesty. By signing this I fully understand that falsification of information could be grounds for disciplinary action and/or grounds for termination.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_