



DOWNTOWN AKRON PARTNERSHIP

# PARTICIPATION FORM



**ILENE SHAPIRO**  
COUNTY EXECUTIVE

## Instructions

Complete the form in its entirety, including a signature from the Downtown Akron Partnership program leader to receive Personify Health (Virgin Pulse) Points. Please return the completed form to the [Wellness Team](#) via email or drop it off at our office.

## Employee Information and Activity Details

Employee Name		Employee ID (6-digits)	
E-mail		Phone	
Office		Department/Agency	

Activity Date	Program   Activity	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Signature   
*Signature of Participating Employee Submitting this Form*

Name   
*DAP Program Leader (print)*

Date of Signature     
*MM DD YY*

Signature   
*Signature of DAP Program Leader*

