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COLLEGE SIGN-ON FORM

Stand Together with 3-4-50

SHOW YOUR COMMITMENT TO REDUCING CHRONIC DISEASE

Thank you for your dedication to promoting health and reducing the risk of chronic disease. **Please check off wellness measures that your college currently employs or will accomplish within the next 12 months.**

| BRONZE Must check at least seven to achieve bronze level | ☐ Establish a worksite wellness program ☐ Provide multiple healthy options for student dining with ample fruit and vegetable offerings, whole grains, lean proteins and low fat/low sugar beverages, prominently displayed | □ Offer multiple options for physical activity for students, staff and faculty □ Offer mindfulness training and opportunities for stress management □ Promote healthy food choices and smokefree standards at all events | □ Ensure a walkable, bikeable campus □ Establish no smoking areas in outdoor areas of campus □ Eliminate the sale of tobacco products on campus □ Display 802Quits information prominently throughout campus |
|--|---|--|---|
| SILVER Bronze level plus at least five from silver level | □ Establish healthy vending options with 30% or more healthy foods in each machine, per national standards □ Offer students opportunities to learn about healthy nutrition and cooking education | □ Require all food vendors to offer healthy foods □ Organize Community Supported Agriculture (CSA) or a farmers' market on campus □ Establish a tobaccofree campus | ☐ Host regular group quit tobacco classes on campus ☐ Prioritize tobacco counseling and referrals to 802Quits at the Student Health Center and other campus services |
| GOLD Silver level plus at least three from gold level | □ Pass advertising restrictions to limit promotion of unhealthy products □ Ban "all you care to eat" in food service contracts | □ Offer weight-loss classes, health coaching or biometric screenings on campus □ Offer lower or competitive pricing for healthy foods and beverages | ☐ Promote campus as tobacco-free in communications to parents, alumni and donors |



CUSTOMIZE YOUR WELLNESS GOALS

| Some colleges have unique opportunities or challenges to in wellness. If some or all of the recommended wellness meast customize your goals. Your Local Health Office is available to | ures would not be a good fit in your | college, please | | |
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| FINALIZE YOUR COMMITMENT | | | | |
| By signing this form, your college strengthens its dedication to reducing the burden of chronic disease and improving the health and wellness of its students, faculty and staff. | | | | |
| College Name | # Enrolled Students | # of Faculty/Staff | | |
| Contact Name | Title | | | |
| Email | Phone | | | |
| Signature | Date | | | |
| ☐ Do NOT include my organization as a 3-4-50 partner on the Vermont Department of Health's website and other promotional materials. | | | | |