



APPLICATION COVER SHEET

Application date:

We are applying for the following Working Well Star Award:

Recognition

Innovation

Inspiration

Business name:

Address:

CEO/President name:

Contact name:

Contact title:

Phone number:

E-mail:

Number of years company has had a wellness program:

Does your company have multiple locations/branches? Yes No

Number of employees:



Recognition Award

The Recognition Award will be awarded to any organization that has a wellness program. For this award, Working Well is recognizing a company with an established wellness program for promoting health and well-being for the employees and the organization.

The certificate winners will be announced at the 12th Annual Working Well CEO Breakfast on January 30, 2018. Nominees must be able to attend the breakfast.

Nominations should be accompanied by:

Completed application cover sheet form. Check the appropriate box for the Recognition award.

Completed Recognition Award Questionnaire (below).

Brief narratives in the questionnaire below as appropriate.

Submit your nomination by email by **January 5, 2018** to:

starawards@workingwelltoday.org

With the subject: **Star Award Application**

If you have any questions concerning the application, please contact Melissa Dancer at 850-431-3720 or wellness@tmh.org

In evaluating the nominations, a committee from the Working Well board will consider completeness of the questions listed below.



Recognition Award

- 1) What year did your wellness program begin?
- 2) Do you have health and wellness written into your policies?
(e.g. no smoking on property, employees encourage to participate in fitness programs during work day, etc.) **Yes** **No**
 - If yes, please provide a brief description of how your policy or policies support work place wellness:

- 3) Since implementation of your wellness program, what environmental changes have you made that support workplace wellness? (e.g. elimination of vending machines, nutritious food served at meetings and events, creation of walking paths, standing work stations, etc.)

- 4) State 2 goals of your program:

- 5) Have you achieved goal #1? **Yes** **No**
 - If yes, briefly describe the outcomes that you have achieved that demonstrate your wellness program is successful.

- 6) Have you achieved goal #2? **Yes** **No**
- If yes, briefly describe the outcomes that you have achieved that demonstrate your wellness program is successful.