

# Worksite Wellness Award



**The Worksite Wellness Award** recognizes an organization that has created a wellness culture and supported employees in improving their health. The Partnership would like this award to recognize a specific, result oriented, program or initiative which promotes health and wellness and is supported by the worksite/workplace.

Nominations may be made on behalf of any organization that operates within Carroll County and employs two or more people.

The Worksite Wellness Award recipient is announced at the annual community forum. **To be considered for an award announced at the upcoming forum, nominations must be received by deadline provided.** Nominations received after that date will be considered for an award at the following year's event.

## Nomination Information

Name of business or organization being nominated:

\_\_\_\_\_

Number of employees: \_\_\_\_\_

Nominator's name: \_\_\_\_\_

Nominators address: \_\_\_\_\_

\_\_\_\_\_

Nominator's phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program name: \_\_\_\_\_

Program start date: \_\_\_\_\_

# Worksite Wellness Award



**1. Health Areas** - please indicate the area(s) that the worksite wellness program addresses:

- Health Education (examples: exercise program, smoking cessation, stress management)
- Supportive Environment (examples: formal alcohol/drug policy, walking breaks, lunch options)
- Integration of Wellness Program (examples: health benefits, sick leave, health brochures)
- Linkage (examples: employee assistance programs, nurse advice line)
- Screening Program (examples: flu shots, blood pressure screening)

**2. Goal(s) of program** (75 words or less)

---

---

---

---

---

**3. Description of program** (300 words or less)

---

---

---

---

---

---

---

---

---

---



# Worksite Wellness Award



**4. Please describe any new, innovative, or creative idea that is part of this worksite wellness initiative (150 words or less)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**5. Results:** how does your company/organization know that this worksite wellness initiative or program has been successful? (75 words or less)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# Worksite Wellness Award



**6. Supporting Materials:** please attach any additional items that showcase the nominated program. Physical materials such as videos, newspaper clippings, photographs, or brochures submitted with the nomination form cannot be returned. Please submit only digital copies or photocopies of materials that you wish to keep.

Name of person to receive acknowledgement, if different from nominator:

\_\_\_\_\_

Contact information: \_\_\_\_\_

\_\_\_\_\_

**THANK YOU for taking the time to nominate a community member for this award.**

Please FAX the completed nomination form and supporting materials to The Partnership at **410-871-6325**, or SCAN AND EMAIL to **[ThePartnership@HealthyCarroll.org](mailto:ThePartnership@HealthyCarroll.org)**, or MAIL TO:

**Worksite Wellness Award**

The Partnership for a Healthier Carroll County, Inc.  
295 Stoner Avenue, Suite 306  
Westminster, MD 21157

For an electronic version of this application, please visit our website at [HealthyCarroll.org](http://HealthyCarroll.org).

For more information, please contact [ThePartnership@HealthyCarroll.org](mailto:ThePartnership@HealthyCarroll.org) or 410-871-7645.

TO BE COMPLETED BY PARTNERSHIP STAFF

Date received: \_\_\_\_\_

By: \_\_\_\_\_

Meets eligibility criteria: \_\_\_\_\_

Entered in database: \_\_\_\_\_

Updated 2021