



2010 Healthy Workplace of the Year Award

Purpose

To extend appreciation and to recognize both a small business (1 to 49 employees) and a large business (50+ employees) in the Greater Pocono Chamber of Commerce Community and to publicly promote the importance of a healthy workplace.

Eligibility

Any Chamber member business located in the Greater Pocono Chamber of Commerce Community who has adopted wellness practices in the workplace. Businesses may nominate themselves or be nominated by someone else.

Criteria for Selection

Applicants will be judged based on the strength, results and creativity of their workplace wellness initiatives.

Selection Process

1. Completed official application forms must be submitted to the Chamber office by Friday, August 20th.
Please submit the application by mail or fax:
Mail: 556 Main Street
Stroudsburg, PA 18360-2093
Fax: 570-424-7281
2. The Committee will select a winner from the qualified applications.



2010 Healthy Workplace of the Year Award Official Application Form

Please type or print

Nominee Information

Company: _____

Owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

How many Full-Time employees? _____ How many Part-Time employees? _____

How many employees participate in the wellness program? _____

Wellness Program Start Date: _____

Short Answer

Please answer the following questions on the attached form. Please type or print. You may attach additional sheets if more space is needed for your answers. You may also attach examples of your wellness activities, communications, results, etc.

1. Does your Company access an Insurance Company Wellness Program?
2. If yes, what is the name of the program?
3. If no, describe your custom wellness program.
4. What is your organization doing to promote a healthy workplace?
5. Did employees complete a Health Risk Assessment?
6. Is your company offering incentives to your employees? If yes, what?
7. What have you noticed as a result of your workplace wellness program?
8. What are the best outcomes of your program?
9. What will you do with your program going forward?

Short Answer: Please type or print. You may attach additional sheets if more space is needed for your answers. You may also attach examples of your wellness activities, communications, results, etc.

1. Does your Company access an Insurance Company Wellness Program? YES NO

2. If yes, what is the name of the program? _____

3. If no, describe your wellness program.

4. What is your organization doing to promote a healthy workplace?

5. Did employees complete a Health Risk Assessment? YES NO

6. Is your company offering incentives to your employees? If yes, what? YES NO

7. What have you noticed as a result of your workplace wellness program?

8. What are the best outcomes of your program?

9. What will you do with your program going forward?

