



Participating Chambers of Commerce:

The Chamber of the Northern Poconos
Greater Hazleton
Greater Pittston
Greater Pocono
Greater Scranton
Greater Wilkes-Barre
Williamsport/Lycoming



2015 Healthy Workplace of the Year Award

Purpose

To extend appreciation and to recognize businesses in the Community who offer workplace wellness programs and to publicly promote the importance of a healthy workplace.

Categories

Healthy Workplace Award – Small Business (1-49 employees): Recognizes a small business for their wellness efforts in the workplace.

Healthy Workplace Award – Large Business (50+ employees): Recognizes a large business for their wellness efforts in the workplace.

Continuing Excellence Award: Recognizes a previous award recipient for their continued dedication to workplace wellness.

Eligibility

Any Chamber Member business of one of the above mentioned Chambers who has adopted wellness practices in the workplace. A business may nominate itself 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 by Friday, August 21st by mail or fax to one of the 7 participating chambers listed above.
2. The Committee will select a winner from the qualified applications.
3. Award winners will be notified and are expected to attend the local Chamber's Award Event to be recognized and to accept the Healthy Workplace Award.



2015 Healthy Workplace of the Year Award Official Application Form

Please type or print. For details, please contact your local chamber.

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: _____

Nominated (check all that apply) 2009 2010 2011 2012 2013 2014

Award Winner (check all that apply) 2009 2010 2011 2012 2013 2014

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?
