Wellness Champion Role

Purpose
Wellness Champions help to enhance the acceptance and success of the HealthQuest wellness program activities by encouraging employee ownership of the program. Having a Champion as a point of contact at each worksite provides program support and implementation at the "grass roots" level.

Meetings
The HealthQuest Wellness Champion Network meets once a month for approximately 30 minutes via audio and web conference.

Terms
Each member will serve a minimum term of one (1) year.

Qualifications
- Sincere desire to help fellow employees enhance their quality of life.
- Commitment to help the Wellness Program succeed.
- Available to meet at least once a month for 30 minutes.

Responsibilities
- Actively promote HealthQuest program activities within your agency through use of meetings, emails, posters, intranet, newsletters, etc.
- Help with promotion and set up at onsite biometric screenings.
- Assist with planning onsite programs/events.
- Provide feedback to the HealthQuest about your thoughts, ideas, and suggestions, as well as feedback from your coworkers.
- Recommend policy and environmental changes that are aimed at improving the health and well-being of employees.

Contact

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HealthQuest Program
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Wellness Champion Network Mission Statement:
To help employees achieve wellness balance and create a culture of health in Kansas.
Wellness Champion Pledge

Do **YOU** Have What It Takes To Be A Wellness Champion?

The Wellness Champion Network encourages employee ownership of the program and to help the **HealthQuest** Wellness Program succeed. Members of the network act as spokespersons for the program; they actively recruit coworkers to participate and they help with posting announcements and flyers on bulletin boards, outside cubicles, agency intranet or via email. Champions help carry out the program by overseeing the program at their worksite. They represent their coworkers by collecting ideas and feedback about the program. Our goal is to have the healthiest employees and most pleasant working environment! You don’t have to be a marathon runner to join—just have a commitment to making the **HealthQuest** Wellness Program the best possible!

We meet once per month for 30 minutes. This gives us time to recap what is going on in the program, share thoughts and ideas, learn what is coming, and review participation numbers. We work from an agenda each month to keep meetings efficient. The meetings are light, fun, and educational. It will be a committee that you are proud to be part of and that you look forward to meeting with each month. **HealthQuest is fully dedicated to creating a culture of health in Kansas.**

**YES!** I would like to be a HealthQuest Wellness Champion!

I agree to not only support the HealthQuest program by my participation, but to work with my local management team to support the initiatives as well. I understand that the success of the program hinges on all employees being empowered to make informed decisions that positively impact their health. The HealthQuest team can count on me to be a messenger and motivator and to help gather information from my coworkers and managers to better formulate a program to create a culture of health in Kansas.

I also understand that I may be asked to assist in scheduling rooms and programs (including biometric screenings) at my location, displaying HealthQuest brochures, posters, etc. in the appropriate areas, and encouraging my coworkers to be involved in the HealthQuest programs.

_________________________________________________    ______/_____/2013

*Signature*

_________________________________________________

*Printed Name*

_________________________________________________

*Agency*

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Wellness Champion Data Sheet

Name: ________________________________________________________________

Agency: _______________________________________________________________

Mailing Address: _______________________________________________________
(preferred address to receive committee information)

City: ___________________________ Zip: ___________________________

Phone Number: ( _________)______________________________________________
(preferred number for us to reach you)

Email Address: _________________________________________________________
(preferred email to receive committee information)

Shift/Hours you work: __________________________________________________

(______) YES I have received permission from my supervisor to be part of the
Wellness Champion Network.

(______) YES I give permission for my name to be listed as a member of the
Wellness Champion Network on the HealthQuest website or other wellness
communication materials.

Signed: ______________________ ______/_____/2013

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