



# APPLICATION PACKAGE

## **HARC's Workplace Wellness Awards**

Awards Luncheon to be held:

June 4<sup>th</sup>, 2020 from 11:30am to 1:30pm

The Classic Club in Palm Desert



## APPLICATION FOR THE COACHELLA VALLEY WORKPLACE WELLNESS AWARDS

Thank you for your interest in HARC's 5th Annual Coachella Valley Workplace Wellness Awards. Employers like you are leading the way to creating a healthier Coachella Valley.

### **About the Awards**

Applications will be judged in two separate groupings: small workplaces (1 to 100 employees) and large workplaces (101+ employees). For each of these groups, HARC will recognize a winner for each of the following categories: Nutrition, Fitness & Health; Safety & Environment; Mental Health & Wellness; and an overall Grand Prize Winner. Thus, a total of eight awards will be granted.

Applications will be judged via a blind process by a panel of volunteer judges knowledgeable in workplace wellness. Winners will be announced on June 4, 2020 during the awards luncheon.

### **About the Application**

This application is an initial assessment of your workplace wellness program(s) and should be completed by someone who is highly knowledgeable about health promotion in your workplace and your general work environment (for example, CEO, human resources manager, safety manager, etc.). **All workplaces are welcome to apply except previous Grand Prize Winners in the Large Organization Category.** Feel free to complete one or all sections of this application that relate to your particular workplace. You may leave any questions blank.

There are sections of this application related to each of the three categories:

1. **Nutrition, Fitness, & Health** (10 questions)
2. **Safety & Environment** (8 questions)
3. **Mental Health & Wellness** (10 questions)

***Please submit your completed application by email to [jquintana@HARCdata.org](mailto:jquintana@HARCdata.org) or by mail to 41550 Eclectic Street Suite B100, Palm Desert, CA 92260. All applications must be received by March 27<sup>th</sup>, 2020 at 5pm.*** All workplaces that apply will be given **two free tickets** to the awards luncheon.

After completing the application, a HARC staff member will arrange a follow-up phone call to obtain additional details.

### **Questions or Concerns**

If you have any questions or concerns, please feel free to contact HARC at 760-404-1945 or via email at [jquintana@HARCdata.org](mailto:jquintana@HARCdata.org).

**About your workplace**

Name of Workplace (as you wish to be acknowledged):

Address:

Contact Name:

Contact Title:

Contact Email Address:

Contact Phone Number:

Number of Employees:

- Part-Time:
- Full-Time:

Please share your mission, vision statement, or core values that support employee health.

## **Section I: Nutrition, Fitness & Health**

### **1. Does your workplace provide health insurance to employees?**

- Yes, for both full-time and part-time employees
- Yes, only for full-time employees, but NOT part-time employees
- No
- Not applicable

### **2. Does your workplace have an active health promotion staff member, department, committee or team?**

- Yes
- No
- Not applicable

### **3. Does your workplace provide free health screenings for your employees?**

*e.g. cholesterol screening, diabetes screening, etc.*

- Yes
- No
- Not applicable

### **4. Does your workplace offer free flu shots to your employees?**

- Yes
- No
- Not applicable

### **5. Does your workplace offer incentives to employees for behavior change?**

*e.g. incentives for weight loss or smoking cessation*

- Yes
- No
- Not applicable

**6. Does your workplace have any of the following policies to support employee health?**

- Require health vending options (e.g. water, unsweetened flavored drinks, low-fat and low-sodium snacks) or freely accessible healthy snacks (e.g. fresh fruit, snacks, etc. in break room)
- Require healthy food options at meetings or employee gatherings
- Tobacco-free worksite
- Not applicable

**7. Does your workplace provide employees with food preparation and storage facilities?**

*e.g. a microwave oven, a refrigerator, a sink, etc.*

- Yes
- No
- Not applicable

**8. Does your workplace provide an exercise facility for employees on-site or provide a space for recreational/physical activity for employees?**

*e.g. gym, walking route, bike racks, basketball courts, open space for exercise, etc.*

- Yes
- No
- Not applicable

**9. Does your workplace discount or subsidize the cost of an off-site exercise facility for employees?**

*e.g. gym discount or reimbursement for gym membership*

- Yes
- No
- Not applicable

**10. Does your workplace provide any other programs to address employee nutrition, fitness, and health?**

- Yes
- No
- Not applicable

**If yes, please describe:**

## Section II: Safety & Environment

### 11. Does your workplace coordinate programs for workplace health and safety?

*e.g. workplace has many common strategies, regular meetings across department(s), etc.*

- Yes
- No
- Not applicable

### 12. Are there incentives/rewards for employees who report unsafe working conditions or suggest changes to improve safety?

- Yes
- No
- Not applicable

### 13. Does your workplace have a process in place for measuring and, if necessary, improving workplace safety and quality?

*e.g. checking whether shelves are anchored to the wall, whether extension cords are daisy-chained, whether people are wearing personal protective equipment, floors are vacuumed, routine testing of heating, ventilation, and air conditioning, etc.*

- Yes
- No
- Not applicable

### 14. Does your workplace offer safety training to all employees (not just new employees)?

*e.g. "Lunch and learns" seminars, workshops, classes, annual refresher courses*

- Yes
- No
- Not applicable

**15. Does your workplace offer ergonomic assessments for your employees?**

*e.g. assessing an employee's workstation to mitigate health risks or to recommend improvements for specific workplace conditions (recommending a standing desk, adjustable chair, etc.)*

- Yes
- No
- Not applicable

**16. Does your workplace offer educational materials about workplace health and safety?**

*e.g. brochures, posters, videos that suggest different types of stretching or a reminder to look away from computer screen every 20 minutes, etc.*

- Yes
- No
- Not applicable

**17. Does your workplace or any of your employees participate in group stretching activities before physical labor?**

- Yes
- No
- Not applicable

**18. Does your workplace offer any other programs to address employees' safety and environment?**

- Yes
- No
- Not applicable

**If yes, please describe:**



### **Section III: Mental Health & Wellness**

**19. Does your workplace have any of the following policies to support employee health?**

- Use paid work time for stress management
- Tobacco counseling or cessation classes
- Mental health programming
- Personal day leave policy
- Parental leave policy for men and women
- A return to work program for new parents
- Financial education
- Other (please specify):
- Not applicable

**20. Does your workplace provide relaxation programs/resources for your employees?**

*e.g. Massage, yoga, meditation, etc.*

- Yes
- No
- Not applicable

**21. Does your workplace have a flexible work schedule policy for employees?**

*e.g. flextime or work-from-home arrangements*

- Yes
- No
- Not applicable

**22. Does your workplace provide employees with on-site childcare, or stipends for childcare?**

- Yes
- No
- Not applicable

**23. Does your workplace provide opportunities for employees to interact and bond together as a team?**

*e.g. holiday parties, birthday parties, staff bonding activities*

- Yes
- No
- Not applicable

**24. Does your workplace have a mentoring program for new employees?**

- Yes
- No
- Not applicable

**25. Which practices does your organization have in place to ensure safe, respectful and/or engaged work environments?**

- Equal pay assessments and policy
- Personality and behavioral self-assessments
- Employee developmental opportunities
- Career development coaching and planning
- Career satisfaction surveys
- Diversity Training
- Other (please specify):
- Not applicable

**26. Does your workplace provide rewards and recognition for high performing employees?**

*e.g. staff member of the month recognition, performance bonuses, etc.*

- Yes
- No
- Not applicable

**27. Are supervisors at your workplace provided with training on how to be a good or supportive leader?**

- Yes
- No
- Not applicable

**28. Does your workplace offer any other programs to address employees' mental health and wellness?**

- Yes
- No
- Not applicable

**If yes, please describe:**

**I acknowledge that HARC may ask for additional follow-up information to ensure accuracy of this completed application.**

*Note: All workplaces that apply will be awarded two free luncheon tickets.*

- Yes
- No

**How did you hear about the Workplace Wellness Awards?**

- I was a participant
- Press Release
- Constant Contact
- Social Media
- News media outlets
- Other (please specify)

*Thank you for completing the initial application for the Coachella Valley Workplace Wellness Awards.*

*A HARC staff member will be in touch with your contact person to schedule a call to discuss the great programs at your workplace. This call will help us to understand the amazing programs you provide for your employees.*