

HealthTrust

WELLNESS COORDINATOR PROGRAM



PO Box 617, Concord, NH 03302-0617
Phone: 603.230.3356 • Fax: 603.224.6093 • Email: wellness@healthtrustnh.org

Apply Now to the 2025 Wellness Coordinator Program

Program Highlights

The HealthTrust Wellness Coordinator Program provides leadership training and funding to support worksite wellness initiatives. Ideally, the coordinator will be an individual who is interested in wellness and implementing campaigns and activities at their worksite. Suggested coordinators include HR Director or HR staff member, school nurse, member of the Member Group's wellness committee or any individual interested in promoting a healthy work environment.

To be considered for the program, please return your completed application by **Friday, December 6, 2024**. The guidelines for the 2025 Wellness Coordinator Program are outlined below.

Each participant is required to attend training on **Wednesday, January 8, 2025**. Please save the date and more information will be sent out later this year regarding the time and location.

Wellness Coordinators must adhere to the following guidelines in order to receive \$500 annually for worksite wellness initiatives. As a HealthTrust Wellness Coordinator, you agree to:

- Attend an annual Wellness Coordinator Program workshop at HealthTrust.
- Complete a minimum of one wellness campaign each year.
- Complete a campaign summary form for each completed campaign and submit the form through the Wellness Coordinator Portal.
- Serve as the worksite wellness advocate for the HealthTrust Well-Being programs.
- Promote and distribute information regarding HealthTrust Well-Being programs to worksite employees (or coordinate this effort with your HR department).
- Host at least one site visit with HealthTrust staff members during the year to discuss programming, take photographs and/or participate in an on-site event.

Wellness Coordinator sites must be Members of HealthTrust. If at any point in the program your Member Group terminates as a HealthTrust Member you will no longer be eligible to participate in the program.

2025 Wellness Coordinator Academy Application

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. **DEADLINE FOR FILING IS DECEMBER 6, 2024.**

WELLNESS COORDINATOR APPLICANT'S INFORMATION

Name: _____

Title: _____

Municipality/County/School you are representing: _____

School Coordinator – *Please identify if you are representing a single school (list school) or the entire SAU:*

Municipal Coordinator – *Please identify if you are representing a department or the entire municipality:*

Address: _____

Town/City: _____ State: _____ ZIP: _____

Work Phone: _____ Evening Phone: _____

Cell Phone: _____

Email: _____

Does your organization currently offer any health or wellness programs for staff members? Yes No

How has your organization incorporated wellness into the workplace during the past year?

PERSONAL STATEMENT: *(In your own words, please describe why you would like to become a Wellness Coordinator for your Group.)*

PLEASE CHECK ALL THAT APPLY:

My organization is a HealthTrust Member. Yes No

Are you able to attend the workshop on Wednesday, January 8, 2025? Yes No

*Please email the form by **Friday, December 6, 2024** to wellness@healthtrustnh.org.*