



2021 Wellness Warrior Representative Commitment and Qualifications

Working together we can create a healthier Cone Health!

I commit to serve as the Wellness Warrior representative for my department. I will engage in creating, sharing and developing an environment which promotes the health and wellness of all Cone Health employees. I am accountable for being present at monthly meetings, informing my team of wellness information and bringing my team’s ideas, concerns, and solutions to the council. I will engage with a positive attitude, have an open mind, and have enthusiasm for enhancing the culture of health at Cone Health.

Representatives commit to:

- Keep their department informed of Wellness activities/programs and actively solicit the views of their department to present to the Wellness Team.
- Serve as positive role models for health and wellness, demonstrating the Cone Health Values and iCARE.
- Attend or send alternates to every meeting (Meetings will be 15 min. monthly WebEx meetings).
- Participate in at least one Wellness sponsored event per quarter, if scheduled.
- Present Wellness updates at department staff meetings, huddles, and post minutes and fliers within seven days of the meeting.
- Remain free from Corrective Action and notify the Well-Being Manager if my status or eligibility to serve changes during my term.

The Wellness Warrior position will be declared vacant when that person has absences from three meetings within a term year. Please note you can send an alternate in your place.

Wellness Warrior Representative (Print)

Signature

Date

Leader Commitments

As the leader of this department, I agree to release the designated Wellness Representative or alternate from his/her normal work duties to attend, one- 2 hour annual meeting in person and monthly 20 minute WebEx meetings, as department load permits. I understand that participating in Wellness events or meetings should not conflict with job assignments and must not have an adverse effect on the quality of Cone Health services. I also agree to partner with my Wellness Representative(s) to encourage and promote a healthy environment for my staff and keep my department informed of all Wellness Activities. I will provide a format for the sharing of this information.

Department Leader (Print)

Signature

Date