# Golden Apple Award 2025 application

**Wellness programs** help employees make smart and healthy choices that can reduce health care costs, increase vitality and diminish absenteeism. Many wellness programs can include activities such as company sponsored exercise, nutrition focused programs, educational seminars, tobacco cessation programs, and health screenings. Wellness program activities may also involve policy and environmental changes and are designed to help employees improve their overall health and wellness while creating a culture of health in the workplace.

The Golden Apple Award recognizes outstanding employee wellness programs. The Washington State Governor’s Council on Physical Fitness, Health and Sports originally established the Golden Apple Award in the mid '80s to recognize excellence in promoting physical fitness and health. The Healthy Worksite Summit Planning Committee has continued the tradition.

This Award is presented by the Healthy Worksite Summit Planning Committee. Nominations may be submitted by any person or organization believing an effort deserves special recognition. Individuals and/or organizations are welcome to nominate themselves. Previous Golden Apple Winners may reapply in five or more years. Please utilize this word form and attach supplemental materials, if desired.

The winner(s) will be recognized at the Healthy Worksite Summit, March 12-13, 2025. Applications are due by **February 7, 2025** to benefitinfo@awcnet.org.

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| --- | --- | --- |
| I. Contact information |  | II. Nomination |
| Your name: |       |  | **Organization being nominated:** |
| Your email: |       |  |       |
| Your phone number: |       |  |

## III. Basic program information

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| --- | --- | --- |
| Has your wellness program been in place for at least two years?***This is required for award eligibility.*** | [ ]  Yes | [ ]  No |
| How long has your wellness program been in place? |       |
| What’s the total number of eligible employees for your wellness program? |       |
| What % of the total employee population is eligible for your program? |      % |
| How many worksites does your program serve in Washington State? |       |
|  What is the annual wellness program budget? |       |
| If applicable, what states outside of Washington do you have employees? |       |

## IV. Mission/Vision

Please state your wellness program’s mission. A mission statement is one sentence describing what you do, or the reason your program exists. It is used to help guide decisions about priorities, actions, and responsibilities.

## V. Goals/Objectives

Program goals help focus your program objectives and provide motivation to succeed. Objectives should follow the SMART framework: specific, measurable, attainable, realistic, and time bound.

## VI. General description

Please provide a general description of your wellness program.

*Consider including the structure of your program (charter or guiding policy), frequency of meetings/activities, if you have a wellness coordinator, roles & responsibilities (FTE vs. Voluntary roles), if you use a wellness vendor, and if you offer biometric screenings and health assessments.*

## VII. Management commitment

How does management demonstrate commitment to your wellness program?

*Consider including supporting management titles, role management plays in the program, specific examples of how support is demonstrated (budget, staff time for wellness, policy adoption), or how management actively engages in meetings/activities.*

## VIII. Strategy

Provide a 1-2 page summary of your wellness program strategy.

*Consider including assessment data used, incentives, outreach, agency initiatives your program supports (wellness, morale, safety, DEI), collaboration with internal/external partners, and communication.*

## IX. Evaluation

Provide a 1-2 page summary of how you evaluate and improve your wellness program.

*Consider including employee participation, engagement, evaluation process and how data is being applied in program decisions, how outcomes are connected back to the program mission and goals, and use of resources/tools, surveys, data and metrics.*

## X. Diversity, equity, inclusion & belonging

Tell us how your wellness program accommodates all employees.

*Consider how you ensured your program was diverse, equitable, inclusive and fostered belonging, people with different work shifts, varying abilities and interests etc.*

## XI. Successes

Tell us about your successes in these areas:

* Participation in activities and events:

* Collecting data and metrics:

* Management engagement and commitment:

* Participant success stories:
* Inclusion success stories:

## XII. Additional information/supplemental materials

Do you have anything else you’d like to tell us about your wellness program?

*Examples: unique components of your program, wellness program awards received, change or impact on organization’s culture, etc.*