

WELLNESS COMMITTEE MEETING

Worksite Name: _____

Date: _____ Time: _____

AGENDA

Call meeting to order

Introductions—Committee Members

Share your name, department, favorite food and one favorite physical activity

Sign Committee Communication list—name, email address and phone number

Orientation to Work Well NC Wellness Committee Guide

5 Components of a Comprehensive Program (**Appendix A**)

Overview of the Work Well NC resources available at workwellnc.com

Committee Name

Mission Statement

Committee Chairperson and Program Coordinator Selection

Employee Communication Plan

Overview of Action Plan and Surveys

Worksite Wellness Committee Action Plan (**Appendix B**)

Worksite Wellness Committee Action Plan Sample (**Appendix C**)

Employee Interest Survey (**Appendix I**)

Policy and Environment Survey (**Appendix J**)

Schedule Future Meetings

Adjourn