

WellCity application signature page

Please use the eWellCity system to submit your WellCity application February 1. This signature page is a required element of WellCity application.

Please provide a testimonial, names and signatures as requested below. This page may be submitted either by scanning and uploading the document in eWellCity (WellCity Award Menu/Documents tab) or by U.S. mail to the address below. Mailed signature pages must be postmarked by February 1.

Association of Washington Cities
WellCity Application
1076 Franklin St. SE
Olympia, WA 98501

Testimonial

Here are a few examples of how my city/organization made a commitment to employee health and why it is uniquely deserving of recognition.

Our City Council continued to support our Wellness program in 2021 by approving a budget for the next year which will cover health and wellness events for city employees. Our Administration also allows employees to use work time to participate in wellness events, complete surveys, and view webinars during work hours. Allowing employees to plan and participate in events during the workday makes planning activities much easier for the Wellness committee. It is fun and rewarding when we can all get together complete these activities together.

AWC insured employee participation reached 58% for 2021 and we achieved a mini grant. The funds will be used to offset the Christmas luncheon that we had at the end of the year. Our luncheon was a great way to recognize our staff's efforts at reaching 50%. Everyone had a great time gathering and celebrating the end to a great year.

At the end of this year, staff, and administration from all of our buildings collected toiletries for a local women's shelter. Through this joint effort, we were able to collect 1,160 items for the Crystal Judson Law Center. It was a great way to end the year and gift to those in need.

Disclaimer and Signature

I hereby certify that the information submitted in eWellCity for the WellCity application is accurate to the best of my knowledge.

Megan Ryan

Wellness coordinator name

Megan Ryan

Wellness coordinator signature

1/6/22

Date

I hereby authorize the submission of this application for the WellCity Award.

Scott Pingel

Mayor or city manager/administrator name

Scott Pingel

Mayor or city manager/administrator signature

1/7/22

Date