** WIC Worksite Wellness Program Commitment Form** 

I, , on behalf of

 Local Agency, recognize the value of our Local Agency and its offices becoming a Certified Well WIC Worksite. Our Agency will follow the “Ten Steps” guidelines and criteria to make health and wellness a part of the Agency’s work culture. Our Agency will actively support employees in activities that foster and maintain all-around health and create a health-promoting environment. We promise to use imagination to propose healthful activities, solicit ideas from our staff, and encourage a dialogue that will promote well-being among all staff. I further promise to create and work toward my own set of wellness goals and to support my fellow employees as they work toward their own goals. I understand that our agency has 18 months to become a Certified Well WIC Worksite.

Signed: Date:

Name:

Address:

Telephone:

Email:

FAX:

Please send your completed form to:

WIC Worksite Wellness Program

California WIC Association

3120 Freeboard Dr. #101

West Sacramento, CA 95691

[jmulliganpfile@calwic.org](file:///C%3A%5CUsers%5CJodi%5CDownloads%5Cjmulliganpfile%40calwic.org) or fax 916.572.0760

**Congratulations on taking the first step toward becoming a Certified Well WIC Worksite!**

11/04/2019