

# Employee Wellness Incentive Program Community Volunteer/Participation Form

Show pride in your work and your community by volunteering your time and energy to a helpful cause or by participating in a charitable event. Please have the volunteer facilitator fill out and sign the form below. You may submit this form within 30 days of the event for credit. Each 1 hour (up to 3 hours per quarter) dedicated to volunteering or participating at the listed event will be worth 1 chance in the quarterly personal day off drawing.

## Employee Portion:

**Name/User Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Email/phone:** \_\_\_\_\_

### Community Event Information:

**Event Date:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

- Volunteer Hours:**
- |  |  |
|--|--|
| <input type="checkbox"/> 1 hour                    | <input type="checkbox"/> 2 hours             |
| <input type="checkbox"/> 3 hours                   | <input type="checkbox"/> Blood Donation      |
| <input type="checkbox"/> Participated in the event | <input type="checkbox"/> 5K, triathlon, etc. |

## Facilitator Portion:

I certify the employee listed above:

- ✓ Has completed the volunteer or participation requirements listed above.

**Signature: X** \_\_\_\_\_

(Facilitator's signature)

**Attention:** Submit this completed to:  
**Monmouth County Human Resources**  
**Email: [wellness@co.monmouth.nj.us](mailto:wellness@co.monmouth.nj.us)**  
**Text: 732-547-1231**  
**Inter-office Mail: Hall of Records, Human Resources**

