

Employee Wellness & Civilian Fitness Program



- DA approved program in which full-time civilians employed by the Army are encouraged to engage in regular program of exercise and other positive health habits.
- Supervisors may approve up to 3 one-hour wellness/fitness sessions each week during normal work hours for a consecutive 6 month period of time.
- This program is a **one-time enrollment opportunity**.
- **Goal:** to initiate and maintain healthy behavioral changes via pre and post assessments and utilization of exercise, nutrition, and wellness programs available on Fort Hood.
- Supervisor's approval and support is necessary for official enrollment.

Why become a Participant?

- Health Benefits
 - Stress Management
 - Positive Attitude – better overall outlook on life situations; improve mental awareness
 - Decrease risk factors associated with debilitating diseases (heart disease, stroke)
- Increase Work Performance
- Less chance of illness/injury as a result of a regular exercise program
- Develop positive lifestyle behavior through participating in a regular exercise/wellness program
- Receive weekly health and fitness tips to supplement your fitness prescription
- Set goals and realize them over 6-month period; participants are able to compare pre and post assessments.

What Assessments will be available?

- Medical Considerations and Health History Review
- Blood Pressure Measurement
- Body Composition
- Cardio and Respiratory Endurance
- Flexibility

Employee Wellness & Civilian Fitness Program Instructions

- All participants must complete Supervisor/Employee Participation Form and provide supervisor's and second level approval/signature for official enrollment in the Employee Wellness & Civilian Fitness Program. Refer to Enrollment Package.
- You are not officially enrolled in the Employee Wellness & Civilian Fitness Program until you have completed the pre-assessment and receive the Participant Enrollment Approval Form. Conducting the Post Assessments are mandatory for completion of the program.

Program Schedule

Enrollment	6 Month Period	Pre Assessment	Mid Assessment (Optional)	Post Assessment	Assessment Location
9-20 Apr 2012	May 2012 – Oct 2012	1-2 May 2012	7-8 Aug 2012	6-7 Nov 2012	Abrams PFC
9-20 July 2012	Aug 2012 - Jan 2013	7-8 Aug 2012	6-7 Nov 2012	5-6 Feb 2013	Abrams PFC
8-19 Oct 2012	Nov 2012 – Apr 2013	6-7 Nov 2012	5-6 Feb 2013	1-2 May 2013	Abrams PFC
7-18 Jan 2013	Feb 2013 – July 2013	5-6 Feb 2013	7-8 May 2013	6-7 Aug 2013	Abrams PFC

HOW TO ENROLL:

1. Download the Enrollment Packet.
2. Complete all required forms.
3. If you answered **Yes** to one or more questions on the Health History Form, please use the Healthcare Provider Approval Form to obtain medical approval from your provider prior to enrolling in the program. **Must be dated within 30 days of the start of the program.**
4. Obtain Supervisor's signature and Command signature.
5. Meet with Supervisor to develop a plan for success, including workout schedule.
6. Forward packet to your Command Wellness/Civilian Fitness Coordinator:
 - **Installation Employees:** (254)288-0379, email: melissa.f.westergard.ctr@mail.mil
 - **Garrison Employees:** (254)285-5698, email: benjamin.e.lyons.civ@mail.mil
 - **MEDCEN Employees:** (254)286-7215, email: carolyn.s.williams@amedd.army.mil
7. Receive confirmation of enrollment and Pre-Assessment date.
8. Complete Pre-Assessment according to schedule above.
9. Now you are ready to begin the Employee Wellness & Civilian Fitness Program!

EMPLOYEE WELLNESS & CIVILIAN FITNESS PROGRAM
SUPERVISOR /EMPLOYEE
PARTICIPATION FORM

***Make a copy for your records and a copy for your supervisor. You are not enrolled until you receive the Employee Wellness & Civilian Fitness Enrollment Approval Form and give it to your supervisor.**

****PLEASE PRINT CLEARLY****

Name of Employee: _____ Name of Supervisor: _____
Organization: _____
Work phone: _____ Supervisor's Work Phone: _____
Supervisor's E-mail: _____
Employee's E-mail: _____

AGREEMENT

1. We understand and agree that (employee name) _____ will be participating in the command-sponsored Employee Wellness & Civilian Fitness Program. He/She may use up to 3 one-hour sessions each week over a consecutive 6 month period. We understand and agree that the specified exercise location will be the place of duty during authorized exercise period, as approved by supervisors.

2. We also understand and agree that:

- You have the opportunity to dis-enroll within 1month from your official start date and keep your eligibility to enroll (*one more time*) at a later time.
- Exercise sessions will start and finish on Fort Hood.
- Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor.
- Unused exercise hours may not be carried forward to subsequent weeks.
- The program end date will not be extended to make up for exercise periods missed due to leave, temporary duty, or other reasons.
- No additional duty time is authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.
- Specified exercise periods may not be used for any non-duty purpose. Any period or portion not used in actual fitness training and wellness classes will be spent in the normal duty workplace accomplishing normal duties.
- Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.
- Employee understands that if he/she chooses to use Personal Trainers, Exercise Gear, etc., that the cost is his/her financial responsibility.
- Failure to complete the post assessment may result in an "Incomplete" notification to be forwarded to your supervisor. Supervisors may request that the time granted for the program as "Administrative Leave" be replaced as "Annual Leave or LWOP".
- Employee timesheets will be coded as "Administrative Leave" for exercise/wellness sessions.

3. As a participant, I, the employee, will sign in and out from exercising at the gym and/or with my supervisor. I understand that I **must** complete the post- assessment in order to complete the program. My supervisor and I understand that I am not authorized to start the Employee Wellness & Civilian Fitness Program until I receive my Participant Enrollment Approval Form stating that I have met all requirements to begin the program.

4. I understand that this is a one time opportunity, and certify that I have not been enrolled in the Employee Wellness & Civilian Fitness Program at any other location before.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Then get your Command approval, either:

Garrison Director _____ Date _____

OR

MEDCEN Dept Chief _____ Date _____

OR

Other Second Level Approval _____ Date _____

If you have any questions regarding who to have sign your form, call the Employee Wellness & Civilian Fitness Command Coordinators:

Health Promotion Office: 254-288-0379

Garrison Wellness Coordinator: 254-285-5698

MEDCEN: 254-286-7215

HEALTH HISTORY FORM

Before engaging in a moderate physical conditioning program, certain medical or health issues need to be addressed. Occasionally, diseases are present which the individual is not aware of. This is often true in the beginning stages of cardiovascular (heart and blood vessel) disease - especially as an individual gets older. These undetected or "sub clinical" diseases may cause problems when a vigorous exercise program is begun.

Ask yourself these 13 key questions to see if you should get a medical screening. This is not designed to detect unfit individuals, but to identify and treat potential medical problems related to starting a regular exercise program.

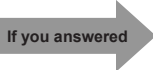
YES NO

- 1. Has your doctor said that you have a heart condition and recommended only medically supervised activity?
- 2. Do you have chest pain brought on by physical activity?
- 3. Have you developed chest pain in the past month?
- 4. Do you tend to lose consciousness or fall over as a result of dizziness?
- 5. Do you have a bone or joint that could be aggravated by the proposed physical activity?
- 6. Has a doctor ever recommended medication for your blood pressure or a heart _condition?
- 7. Do you become extremely short of breath with mild exercise?
- 8. Do you feel frequent skipped heartbeats?
- 9. Are you >20 lbs. over recommended body weight?
- 10. Are you pregnant or have you been within the last 3 months?
- 11. Are you aware through your own experience, or a doctor's advice, of any other physical reason against your exercising without medical supervision?
- 12. Is your blood pressure greater or equal to 140 systolic AND/OR greater or equal to 80 diastolic (140/80)?
- 13. Have you NOT recently (within last 6 months) been involved in regular moderate exercise?

NOTE: If you have a temporary illness, such as a common cold, or are not feeling well at this time – POSTPONE!!!

YES to one or more questions

NO to all questions



If you answered any of the above questions with a "YES", **you must get a health screening** from your Medical Provider before beginning the Employee Wellness Civilian Fitness Program.

If you answered accurately, you have reasonable assurance of your present suitability for a graduated exercise program - a gradual increase in proper exercise promotes good fitness development while minimizing discomfort.



Until after medical evaluation and you receive approval from your physician for
 - unrestricted physical activity, starting off easily and progressing gradually
 - restricted or supervised activity to meet your specific needs, at least on an initial basis. Check with Fort Hood resources for special programs or services.

1. Name: _____ Age: _____
2. Person to Contact in Case of Emergency: (Name) _____
 (Relationship) _____ Phone Number: _____
3. Are you taking any medications or non-prescription drugs? (Please circle) YES NO
 If yes, please list (including supplements) _____
 Reason for taking medication listed? _____
4. Do you have, or have you had, any of the following: (Please circle)
- a. Any chronic illness or conditions YES NO
- b. Recent surgery (last 6 months) YES NO
5. Do you currently use tobacco products? YES NO
 If yes, what do you use? (Please circle) Cigarettes Chew Tobacco Cigar

I certify the above is accurate and complete to the best of my knowledge.

Participant's Signature _____ Date _____

To Be Completed by nurses at pre-assessment.

Medical Comments if any: _____

- Participant is:** **Medically Approved based on Health History Form to start the Employee Wellness & Civilian Fitness Program**
 Referred to their Primary Care Provider for additional medical screening.

Medical Personnel Signature & Title _____ Date _____

HEALTHCARE PROVIDER APPROVAL FORM

****MUST BE DATED WITHIN 30 DAYS OF START
OF PROGRAM****

Patient name _____ **Phone** _____
(Print)

has medical approval to participate in the physical fitness component of the Employee Wellness & Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires. If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (**if none, so state**):

Health Care Provider's Signature _____ **Date** _____

Provider's Name/Stamp _____

Office telephone number _____ **E-mail Address** _____

Employee Wellness & Civilian Fitness Program Release/Waiver of Liability

I know that participating in a physical fitness program can be a potentially hazardous activity. I will not enter this program unless I am medically fit. I assume all risks associated with participating in this program, including, but not limited to injuries related to falls, heart attack, stroke, heat related injuries, contact with other participants, and equipment conditions.

In consideration of the opportunity to participate in the physical fitness program, I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE ABOVE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED IN SAID PHYSICAL FITNESS PROGRAM. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in any other associated activities of the physical fitness program [release and waiver of liability does not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military/family member or federal employee.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the applicable State, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding document which I have read and understand.

Print Name: _____

Signature: _____

Date: _____

EMPLOYEE WELLNESS & CIVILIAN FITNESS PROGRAM

PRE-Survey

Nutrition Related Questions

- 1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____
- 2) How many times a day do you usually eat (including snacks)? _____
- 3) Do you skip meals? YES NO 4) Do you eat breakfast? YES NO
- 5) Do you eat late at night? Sometimes Often Never
- 6) What activities do you engage in while eating? (TV, reading, etc) _____
- 7) How many glasses of water do you consume daily? _____
- 8) Do you feel drops in your energy levels throughout the day? YES NO If yes, when? _____
- 9) Do you know how many calories you eat per day? YES NO If yes, how many? _____
- 10) Are you currently or have you ever taken a multivitamin or any other food supplements? Y N
If yes, please list the supplements:

- 11) At work or school, do you usually: Eat out Bring food
- 12) How many times per week do you eat out? _____
- 13) Do you do your own grocery shopping? YES NO
- 14) Do you do your own cooking? YES NO
- 15) Besides hunger, what other reason(s) do you eat?
 Boredom Social Stressed Tired Depressed Happy Nervous
- 16) Do you eat past the point of fullness? Often Sometimes Never
- 17) Do you eat foods high in fat and sugar? Often Sometimes Never
- 18) List 3 areas of your Nutrition you would like to improve:
a. _____ b. _____ c. _____

Goal Setting:

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you've reached your goals)

A= Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?
a) _____
b) _____
c) _____

2. How will you feel once you've achieved these goals? Be specific.

3. Where do you rate health in your life? Low priority Medium Priority High priority

4. How committed are you to achieving your fitness goals? Very Semi Not very

5. What do you think the most important thing your Personal Trainer can do to help you achieve your fitness goals?

6. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

7. Outline 3 methods that you plan to use to overcome these obstacles:

a. _____ b. _____ c. _____

8. Working out with other people can help keep you motivated to exercise. When you're alone, you really need that intrinsic motivation, but exercising with a group of people will help you push much harder. Would you be willing to meet with other participants for exercise sessions (walking on a track, lifting weights together, etc.)? YES NO

If so, when would you be able to meet? _____

What to Bring and Do for Your Fitness Assessment

- 1) The fitness assessment will be conducted at Abrams Gym, 62nd & Support Ave, Bldg 3001, 287-2016.
- 2) Drink plenty of water (64 ounces or more) daily for three days before your assessment.
- 3) Eat a light breakfast before coming to the assessment.
- 4) Do not drink caffeine or exercise at least 8 hours before your testing.
- 5) Arrive on scheduled pre-assessment date within the timelines given.
- 6) Bring a pair of exercise shoes and proper workout clothes (t-shirt, shorts, etc.).
- 7) Bring a bottle of water.
- 8) Last, but not least, bring a good attitude and have fun!

Order of Events

- 1) Review of forms
- 2) Resting heart rate, blood pressure testing, health history review
- 3) Height, weight, waist-to-hip ratio, and body fat measurement
- 4) 3 minute step test
- 5) Flexibility test
- 6) Check Out. You will receive your Participant Enrollment Approval Form. If approved you are ready to start the Employee Wellness and Civilian Fitness Program.

Employee Wellness & Civilian Fitness Program Tracking Log

Directorate: _____
 Employee Name: _____
 Supervisor Name: _____
 Beginning Date: _____

Goal: _____
 Phone Number: _____
 Phone Number: _____
 Ending Date: _____

Week	Monday (Workday 1)	Tuesday (Workday 2)	Wednesday (Workday 3)	Thursday (Workday 4)	Friday (Workday 5)
<i>Week 1 (Sample)</i>		<i>4/5/11 1000 – 1100 Walk</i>		<i>4/7/11 1300- 1400 Walk</i>	<i>4/8/11 1000- 1100 Nutrition</i>
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					
Week 12					

Employee Wellness & Civilian Fitness Program Tracking Log

Week	Monday (Workday 1)	Tuesday (Workday 2)	Wednesday (Workday 3)	Thursday (Workday 4)	Friday (Workday 5)
Week 13					
Week 14					
Week 15					
Week 16					
Week 17					
Week 18					
Week 19					
Week 20					
Week 21					
Week 22					
Week 23					
Week 24					



The President's Challenge

Physical Activity & Fitness Awards Program

The President's Challenge is a program of the President's Council on Fitness, Sports and Nutrition, U.S. Department of Health and Human Services, www.fitness.gov

Track your Employee Wellness & Civilian Fitness Program Activity by joining the President's Challenge Program.

Have fun.

Get moving.

Earn awards.

Sign up at:

<http://www.presidentschallenge.org>

Join the IMCOM group using the code# 90878

Resources that are available to you:

APPLIED FITNESS CENTER	ARMY WELLNESS CENTER	SPIRITUAL FITNESS CENTER	ABRAMS FITNESS CENTER	HARVEY FITNESS CENTER	GREY WOLF FITNESS CENTER	NORTH FORT HOOD
Climbing Wall Free Weights Weight Machines Cardio Equipment Spin Class Tai Chi Yoga Class ZUMBA Class Cross Fit & Female Cross Fit First Tee Children's Golf Sauna	Tobacco Cessation Program Weigh to Live Self - Care Weight Loss Fitness Assessment & VO2 Max Wellness Exchange Menu List	Counseling Free Coffee/Tea Internet Café Library Meditation	Free Weights Weight Machines Cardio Equipment Spin Class ZUMBA Class Yoga Class Indoor Pool Racquetball Courts Outdoor Volleyball Courts Outdoor Basketball Court Indoor Basketball Courts	Free Weights Weight Machines Cardio Equipment ZUMBA Class Sauna Racquetball Courts	Free Weights Weight Machines Cardio Equipment ZUMBA Class Sauna	ZUMBA Class Yoga Class
33rd St & Old Ironsides Bldg 12018	31st St & Battalion Ave Bldg 12019	33rd St & Battalion Ave Bldg 12012	62nd St & Support Ave Bldg 3001	73rd & Old Ironsides Bldg 31006	58th & Old Ironsides, Bldg 24006	12 St, Bldg 56480
287-5586	288-8488	553-1195	287-2016	287-0195	287-0194	288-0111

*For more information on programs and facilities: <http://www.hoodmwr.com>

Fitness Class Descriptions

Zumba: This is a high energy Latin infused dance workout. It offers exercise/dance routines incorporating a variety of Latin and other international rhythms. Zumba is ideal for anyone who loves to dance and may be modified for any fitness level.

Spinning: This is a high intensity, high energy cycling workout. This class is great for anyone looking to challenge themselves, build endurance and get fit. This class is adaptable to all fitness levels.

Yoga: This is a true mind body experience. This class offers a great stretching and flexibility workout. This class is modifiable to any fitness level.

Army Substance Abuse Program

Employee Assistance Program:

The EAP is available to all civilian employees and their family members, family members of active duty Soldiers, to include retirees and their eligible family members. The EAP can provide assistance and guidance whenever necessary and without fear of reprisal when the client has an issue affecting job performance or individual wellness. The EAP can offer a confidential problem assessment and various strategies to address the problem area. The goal of the EAP is to help the employee or family member with practical, in-house counseling and coaching, short-term problem solving, and to offer referral services when a long-term solution is needed. The EAP maintains a list of experienced, licensed, and credentialed care providers who are available to listen, offer guidance and counseling, if necessary, to deal with a wide variety of issues.

Confidentiality: For the purpose of the EAP, information is considered confidential when it is not shared with a third party without the specific written consent of the client. All EAP services are subject to Federal regulations and local laws which enforce the practice of confidentiality.

Contact Information:

Army Substance Abuse Program, Attn: Employee Assistance Program
Building 2241, Room 103, 58th Street & Support Avenue
Tel. 254-287-6207, 286-6216, 287-2437 Fax. 254-288-9904
Hours of Operation: Monday – Friday 0730-1630 (Lunch 1130-1300)

Suicide Prevention:

Ask, Care, Escort (ACE) 1-Hour Training: Suicide prevention and awareness training for all DA Civilians. Available products include: Shoulder-to-Shoulder; Beyond-the-Front; Home Front; and ACE Training for DA Civilians.

Applied Suicide Intervention Skills Training (ASIST) 2-Day Training: Suicide awareness and intervention skills training, Applied Suicide Intervention Skills Training (ASIST) Train-the-Trainer (T4T) 5-Day Training: Develop first-line supervisors as ASIST 2-day trainers.

Suicide Intervention Interactive Role Play: Interactive training that promotes suicide prevention awareness, provides information to recognize at risk behavior, and encourages help-seeking behavior. We are offering the Suicide Prevention Interactive Role Play each Tuesday beginning March 1 (3 sessions: 1000, 1300, and 1500).

Contact Information:

Military OneSource: www.militaryonesource.com, 1-800-342-9647
National Suicide Hotlines: 1-800-SUICIDE or 1-800-273-TALK (8255) Army Suicide Prevention Program: www.preventsuicide.army.mil
Deployment Stress Care Line: 535-4497
Army Community Service: 287-4227

WELLNESS CENTER

Appointments: 288-8488

Hours: 0900-1700

Location: Bldg. 12019,
31st St. & Battalion Ave.

Tobacco Cessation program: This program starts with your decision to stop using tobacco, and a call to the Wellness Center to sign up for the orientation class. Depending on your health history, you may need to obtain clearance from your primary care provider to use the cessation medications. When cleared, make your appointment to see a certified health care provider at our center for your individual assessment and plan. The follow-up program takes about three months. This program is not a Tricare benefit, thus there is no referral process for off-post visits. (No cost for classes, must be a military ID card holder to receive prescription for smoking cessation products)

Weigh to Live (Weight Management) program: Adopt a new "Weigh to Live" with our program designed for adult family members, retirees and active duty. The comprehensive approach focuses on gaining knowledge and practicing a healthy lifestyle for weight management. The professional staff consisting of: a Registered Dietitian, Advanced Practice Nurse, Clinical Pharmacist, Stress Management Expert, and Health Promotion Technician are ready to guide you. Call to sign up for the orientation class that occurs most Thursdays (0900 & 1800 classes available). Classes fill up quickly! Your orientation assessment lets us know where you may need more information. With a variety of 9 different classes, you can choose topics in nutrition, activity, thoughts about food/eating, and medications. Classes are held Tuesdays at 1800 and Fridays at 0900 (No cost for classes)

Self-Care program: Self care is an educational program open to all beneficiaries. A one-time class reviews guidelines for healthy living, home treatment for minor illnesses and injuries, and recognizing the need for urgent medical care. The card received after the class allows you to receive limited quantities of over-the-counter medications without a provider's prescription, along with guidance for use from a staff pharmacist. All active duty Soldiers receive this class and card during medical inprocessing, but family members must take the class and have their own card to receive medications for themselves or their children. (No cost for class, must be military ID card holder to receive certification card and products from military pharmacy)

Weight Loss Surgery Nutrition: Our Registered Dietitian specializes in pre-surgery education and post-surgery medical nutrition therapy for gastric bypass and adjustable gastric banding. Whether your surgery was done at CRDAMC or another facility, our dietitian can help you plan a healthy weight loss and maintenance plan. Join the monthly support group to talk with your peers and get new ideas. (No cost for classes)

Fitness Assessments & VO2 MAX: Trained staff will guide you through a series of tests to measure your metabolism and fitness level. An accurate measure of your use of oxygen will provide you with your Resting Metabolic Rate (RMR). This number can be used to determine the best course of action and diet for you within your fitness zone. Currently open on an appointment basis only. See the link below for our Meal Plan Exchange List. (No Cost for classes)

Health Promotion Evaluation Class: Topics in health promotion, behavioral change, nutrition, and tobacco cessation can be tailored to your group. Examples of previous classes are: Female Soldier Health; Family-Style Nutrition; Soldier Nutrition for the Field; Motivation for Healthy Changes; Weigh to Live Lite (one-hour overview); Preventing Tobacco Use; and Nutrition for Healing and Weight Management. Please call with plenty of time before your event in order to set up an appointment with an instructor. (No cost for classes)

SPIRITUAL FITNESS

Who am I?

What is the purpose of life?

What do I believe in?

How does that make me who I am?

Appointments: 553-1195

Hours: 0900-2000

Location: Bldg. 12012,
31st & Battalion Ave.

Services include:

Counseling: Counseling is available to meet your every need. Visit or set an appointment to speak with an Army Chaplain on any issue you might be having difficulty with.

Free Coffee/Tea: Enjoy free gourmet coffees and teas while listening to soothing music or talking to friends in our indoor fellowship area.

Internet Cafe/Library: Inside the Spiritual Fitness Center is a library of spiritual books to aid you in whatever your needs may be. Come check out a book for free or search the internet for your answers at our wireless internet café.

Meditation Area: We offer a public room perfect for your meditation needs. Display screens offer thought provoking questions. Comfortable furniture allows a location for you to reflect on your mental and spiritual needs and rest in the company of yourself.



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, FORT HOOD
1001 761ST TANK BATTALION AVENUE
FORT HOOD, TEXAS 76544-5000

AFZF-HP

COMMAND POLICY
HP-01

JAN 31 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: III CORPS AND FORT HOOD CIVILIAN FITNESS PROGRAM

1. REFERENCE.

- a. AR 600-63, Army Health Promotion, 7 September 2010 Rapid Revision.
- b. IMCOM Policy #17-Civilian Wellness, 13 September 2010.

2. APPLICABILITY. This policy applies to all fulltime Department of the Army Civilian employees serving at III Corps and Fort Hood, Texas.

3. PURPOSE. The Civilian Fitness Program is a voluntary program designed to optimize organizational readiness and work performance to full time civilian employees. With approval from the supervisor, the employee may use three hours leave per week to engage in physical training for a six month duration. Supervisors will ascertain restrictions as to when the employee may take this three hour block of leave throughout the week. The employee must be accountable for his or her actions and the supervisor must ensure that the employee is using the specified time during the agreed upon date and time.

a. Reporting: A pre and post program evaluation will be conducted. The employee must complete the pre assessment to be enrolled in the program and the final assessment to be considered as satisfying the requirements of the program.

b. Participation: Employee must obtain a Civilian Fitness Enrollment packet and registration information through the online Community Resource Guide located at www.hood.army.mil/resources.

4. The point of contact for this action is Wendy Lakso, III Corps and Fort Hood Health Promotion Officer, at 254-288-7772, or email at wendy.lakso@us.army.mil.

A handwritten signature in black ink, appearing to read "William F. Grimsley".

WILLIAM F. GRIMSLEY
Major General, USA
Acting Commander