

Wellness Leadership Committee: **Outline Worksheet**

Head Start Site Name _____

Today's Date ____/____/____

1. Wellness Leadership Committee Name

2. Wellness Leadership Committee Vision _____

3. Committee Ground Rules

1. _____

2. _____

3. _____

Date of Next Meeting ____/____/____

Location: _____

How often are your meeting? once a: week / month

4. Committee Members Roles

Community Connectors (Spokesperson)

Email _____

Signature _____

Back-up Name _____

Committee Organizers (Scheduler & Planner)

Email _____

Signature _____

Back-up Name _____

Reporters (Record Keeper)

Email _____

Signature _____

Back-up Name _____

Project Manager (Action Item Checker)

Email _____

Signature _____

Back-up Name _____