

Employee Application For The Wisconsin Health Care Employee Pride Program



A statewide program to celebrate and showcase the pride and caring that you bring to your work, our community, and to the Wisconsin health care industry

What is the Wisconsin Health Care Employee Pride Program?

The Wisconsin Hospital Association (WHA), along with the Wisconsin Society of Healthcare Human Resources Administration and the Wisconsin Organization of Nurse Executives, sponsor the Pride Program to celebrate your dedication to your career and recognize your commitment to caring. Whether you provide direct patient care, or work in another service area of the hospital, your dedication to your career in health care is cause for celebration and recognition.

WHA is gathering personal stories, communicated in your own words, which provide the reasons why you chose an occupation in health care. Health careers often hold deep and personal meaning, with sometimes compelling reasons why people, like you, have chosen this field. By sharing your story, you may inspire others to join your field.

How do I apply to be my Hospital's Representative for the Pride Program?

Applying for Pride Program recognition is simple—tell us what it is about your career that motivates you and could inspire others to work in a health care setting. As you put your thoughts on paper, consider the following:

1. If you were asked to speak to a group of students, how would you describe your work and the meaning that it has to you?
2. Was there a significant event in your life that drew you to working in health care? What was it?
3. Has anything happened in your career that reaffirmed your decision to work in health care?

Submit this signed form and your story to your hospital human resources department. Essays should be 300 words or less answering the questions above.

The deadline for submissions to your human resources department is **March 12**. A committee from your hospital will review all submissions. The Wisconsin Hospital Association will publish the submission. Winners must be willing to have their stories published by WHA and shared with the public and the media on a statewide basis.

For assistance, contact your hospital human resources department.

I agree to the publication of my submission on the WHA web site, WHA statewide Pride Program publication, and in a regional press release.

Your Name (please print) _____

Department _____

Signature _____ Date _____