**Wellness Agreement**

As a UCAN staff member, I am dedicated to supporting our program participants toward meeting their goals. Along with my colleagues, I am on the front line of service delivery. On a daily basis, many of us, as well as the people we serve, experience trauma such as family violence, gang violence, gun violence, and associated losses.

Because the level of our involvement is intense, often including friends, family members, and community partners of our participants, we are passionate about what we do, which often transcends traditional work hours and expectations. The work we do can take a toll on us, and as it does with our clients, it can impact how we see ourselves, how we see our relationships, and how we see the world.

**Our Agreement**

I know that in order for me to do the work I do and to be fully present for my clients, their families, and the community, it is important for me to be the best me I can be. UCAN has created a system of supports for me and as part of my employment with UCAN I agree to the following:

* **Compassion Fatigue Training and periodic refreshers**

I agree to attend an initial workshop on Compassion Fatigue. I understand this workshop will focus on understanding the ways my work strengthens me professionally and personally, and the ways my work makes me vulnerable professionally and personally. Even when I think I do not need this workshop, I will attend, acknowledging there may be times when I can benefit from its content, but may not realize it until I attend. What I share in these workshops will not be shared with my supervisors, but I understand my attendance will be documented and reported.

* **Initial and Annual Wellbeing Maintenance Plan**

I agree to work with my supervisor to develop a personal wellbeing maintenance plan that is specific to my needs when I begin to show signs of Compassion Fatigue. I agree to work with my supervisor to update this plan annually and after any crisis I may experience on my caseload.

**Agreement Feedback and Annual Review**

I will review this agreement with my supervisor when I begin employment with UCAN and then on at least an annual basis. I understand that I can also give feedback about this agreement at any time during the year. If any activities in this agreement change during the 12-month period for which it is in effect, I understand these changes will be reviewed with me.

As a UCAN staff member and supervisor, we recognize that being the best we can be for our clients and their families requires that we be the best we can be to ourselves. Our signatures below indicate we have read, understand, and agree to the above statements.

**Staff Member Signature Date Supervisor Signature Date**

**Staff Member Printed Name Date Supervisor Printed Name Date**