

## **Northwest Colorado Health**

### **Aging Well Fitness Instructor – Routt or Moffat County**

#### **General Statement of Duties:**

The Aging Well Program provides comprehensive community-based healthcare and social services that promote health and wellness for older adults in rural areas. Instructors are assigned to teach evidence-based programs and/or fitness classes to promote the health and wellbeing of older adults.

#### **Supervision Received:**

Reports to the Northwest Colorado Health Aging Well Program Coordinator.

Annual check in:

- Annual check in's will be done in the months of September for Routt County and March for Moffat County. Instructors are required to complete their check in with the Aging Well Program Coordinator in timely manner when requested.

Leave request/Substitute policy:

- Requests for scheduled time off should be submitted to the Aging Well Program Coordinator at least two weeks in advance. You are responsible for finding your own substitute. If you are unable to find a substitute please contact the Aging Well Program Coordinator for assistance.
- Requests for a Substitute due to weather or illness need to be made as soon as possible. You are responsible for finding your own substitute. If you are unable to find a substitute please contact the Aging Well Program Coordinator for assistance.

#### **Essential Functions:**

1. Coordinate and instruct Fitness and Aging Mastery classes in Routt or Moffat County:
  - Set up and prepare for class prior to the arrival of participants.
  - Instruct class as prescribed by specific training provided by Aging Well.
  - Clear class area, clean, and return all class items to available storage locations, and ensure that space is returned to original setting.
2. Collect data from participants as determined by Aging Well staff:
  - All participants complete health history/registration forms and sign liability release and photo release prior to the start of class and on a yearly basis for updated records.
  - SAMS (basic intake) forms are to be completed for participants upon request from Aging Well administration staff.

- Participant attendance is tracked on Sign-In Sheets. Sign in sheets are turned in by the 3<sup>rd</sup> day of the following month.
  - All documents are accurate and legible.
  - Provide fitness assessments, personal assessments and other forms as required by the Northwest Colorado Health Aging Well Program Coordinator. Assessments will be done on a biannual basis usually in January and July. Assessment results are turned in to the Aging Well coordinator by the 15<sup>th</sup> of the following month.
  - Submit all documentation as required by Aging Well administration staff including but not limited to SAMS forms, annual class registration form and participant release form for new participants.
3. Collect fees and/or donations at each class:
    - Labeled donations jars and donation receipts need to be visibly placed during each class.
    - All contributions and/or class fees are collected and submitted to the Aging Well administrative office by the 3<sup>rd</sup> day of the following month along with a money handling form.
  4. Support Wellness days in Routt or Moffat County as needed by Wellness Coordinator.
  5. Schedule and monitors work hours and mileage each week:
    - Track hours worked and submit time sheets and mileage sheets no later than the 2<sup>nd</sup> day of each month and 16<sup>th</sup> day of each month.
  6. Completion of Policy tech requirements annually.
  7. All certifications must be kept current. If a certification is overdue by more than 30 days, an instructor will not be permitted to teach.

### **Education and/or Experience:**

Minimum requirements include knowledge and training, including appropriate professional certifications, in exercise and fitness.

Instructors are required to have current a certification through the Aquatic Exercise Association or another highest tier evidence-based health promotion /disease prevention program as defined by the Administration on Aging. These certifications determine our eligibility for title three funding. Certifications are tracked in the aging well data base by the aging well coordinator. Recertification needs are communicated as needed to Prevention Services Director and Instructors.

### **Requirements:**

1. If car is used, must provide proof of adequate insurance totaling at least \$300,000 and valid state driver's license.
2. Current CPR certification
3. Current immunization history, after job offer and before starting job.

4. Initial TB testing upon hire and/or documentation of TB test within the last year.

**Abilities:**

1. Ability to communicate effectively, both verbally and in writing.
2. Ability to develop and implement programs, including ongoing evaluation of program effectiveness and ability to provide written reports including results.
3. Ability to relate well with people of all ages and abilities, particularly older adults.
4. Ability to work independently, and also contribute as a member of a team, including commitment to effective team functioning oriented toward achieving measurable results.

**Equipment:**

1. All class equipment (e.g.: classroom supplies for health promotion and wellness classes and/or exercise equipment), will be provided by Northwest Colorado Health.

**Working Conditions:**

1. This position has been classified as Patient-Facing, a position in which the incumbent could reasonably be expected to routinely interact with patients and/or patient family members. Employees in Patient-Facing positions are exposed to healthcare conditions that may require additional training, immunizations, and use of Personal Protective Equipment (PPE).
2. May be required to lift up to 35 pounds.

*This description is intended to describe the essential job functions and the essential requirements for the performance of this job. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time.*

I, \_\_\_\_\_ acknowledge that on this date, I have received the following job description for my present position.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_