

Council on Volunteer Services/Georgia Health Care

**Recognition of Achievement**

Year \_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete and send this form to both of your District Directors by August 15 in order to receive Certificate of Achievement Award.**

Name of Volunteer Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DVS Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Be a member in good standing and affiliated with the Council on Volunteer Services/Georgia Health Care. Dues are in accordance with the size of your hospital. Due November 1, delinquent after December 31.

 1 to 25 beds $25.00

 26 to 50 beds $75.00

 51 to 100 beds $100.00

 101 to 250 beds $150.00

 250 beds and up $200.00

Please make check payable to COVS and send to **Brenda Foy, 22 Terrace Ct., SE, Moultrie, GA 31788.**

 **Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. Make a contribution to the **Elizabeth Wilmot Bull Memorial Scholarship Fund** in accordance with the membership of your volunteer service group. Due December 31.

 1 to 25 Members $20.00

 26 to 50 Members $55.00

 51 to 100 Members $100.00

 101+ Members $125.00

Please make your check payable to COVS and send it to **Brenda Foy, 22 Terrace Ct., SE, Moultrie, GA 31788.** Write EWB on the “memo” line. Larger donations are always welcome.

 **Date Paid** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Publish at least 2 newsletters a year. Email or send a hard copy to the COVS President, President-Elect, VP Membership, Courier Editor, and both of your District Directors.

 **Dates Published** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Extend an invitation to your District Directors to visit your Volunteer Services group. This could include a Board Meeting or a luncheon. **Date Invited** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If a COVS Conference was planned for the last year, have at least one representative registered and present.

 **Number who attended** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Attend annual President and/or President-Elect/Vice President meeting.

 **Attended by President \_\_\_\_\_\_\_ by Pres.-Elect/VP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

7. Have at least one representative attend the Spring District Meeting.

 **Number attended** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Send annual President’s Report at the end of the year to your District Directors. Due by **August 15.**

 **Date sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Signature of President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_