Council on Volunteer Services/Georgia Health Care

ANNUAL PRESIDENT'S REPORT

Date:_____

INSTRUCTIONS:

1. Please type or print.
2. Volunteer Services President should complete and send to the District Directors.
3. Sign and date below.
4. This report is due to your District Directors by August 15 of each year.

Name of Volunteer Services:_____ District:_____

Hospital Name: _____ City?Zip:_____# of Beds: ____

Current Volunteer Membership:_____ Total Volunteer Hours Served: _____

Community Outreach services your Volunteers perform: _____

_____

Does your organization have a scholarship program? _____ If yes, briefly describe. _____

_____

Does your organization have a Youth Volunteer program? _____ If yes, how many youth? _____

During the last year, how much money has your Volunteer Services contributed to:

Your hospital _____Your community _____

Did your President and/or President Elect attend the annual President/President-Elect Meeting? _____

How many of your members attended the following educational meetings?

_____ Spring District Meeting _____Pres./Pres.-Elect _____ Annual Conference

Have you invited your District Directors to visit your hospital/attend a meeting or luncheon? _____

Do you have any suggestions on how COVS/GHC could better support your organization? We want to know your thoughts and ideas. _____

_____

_____

**Signature of President _____ Date _____