Council on Volunteer Services/Georgia Health Care

VOLUNTEER SERVICES OFFICER'S FORM

*The newly elected President completes this form and sends to their **District Directors and the COVS Vice President of Membership.** If there are changes during the year, please send a new form to the same officers.

Volunteer Group Name _____

District _____

Hospital Name _____

Address _____

Phone # _____

Newly Elected President

Term of Office Begins/Ends _____

Name _____

Address _____

_____

Phone # _____

Email _____

Newly Elected VP or President-Elect

Term of Office Begins/Ends _____

Name _____

Address _____

_____

Phone # _____

Email _____

DVS/Volunteer Services Coordinator

Name_____

Phone # _____

Email _____

Hospital CEO

Name _____