Council on Volunteer Services/Georgia Health Care

DVS/ VOLUNTEER COORDINATOR OR LIAISON OF THE YEAR

Nominee's Name and Title _____

Number of years in present position _____

Hospital Name _____

Number of licensed beds _____ COVS District _____

Volunteer President's Name _____

President's Address _____

_____

President's Telephone Number _____

President's Email _____

President's Signature _____

Send nomination form to: **Joan Newspeck**
317 Della Glass Road
Smithville, GA.31787

ENTRY MUST BE RECEIVED BY JUNE 15 TO BE ELIGIBLE.