A logo of a council on volunteer services

Description automatically generated

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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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