



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 **Sue Stephenson 114 Lake Eagle Drive, Thomasville, GA. 31792.**
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 **Sue Stephenson 114 Lake Eagle Drive, Thomasville, GA. 31792** 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 _____