



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 at the end of the organization's year to the District Directors.
3. Sign and date on page 2.
4. **This report is due to your District Directors at the end of your fiscal year.**

Name of Volunteer Services: _____ District: _____

Hospital Name: _____ City/Zip: _____ Number of beds: _____

Current Volunteer Services Membership: _____ Total Volunteer hours served: _____

Community Outreach services your Volunteers perform: _____

Does your organization have a scholarship program? Yes ____ No ____ If yes, briefly describe.

Does your organization have a Youth Volunteer program? Yes ____ No ____

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

Your hospital _____ Your community _____

Did your Volunteer Services President and/or President Elect attend the annual President/President-

Elect Meeting? Yes ____ No ____

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?
Yes _____ No _____

Do you have any suggestions on how the Council on Volunteer Services Georgia Health Care could better support your organization? We want to know your thoughts and ideas.

*** Signature of President _____ Date _____

District Director

Name: _____
Address: _____
City/Zip: _____
Phone: _____
Email: _____

District Director

Name: _____
Address: _____
City/Zip: _____
Phone: _____
Email: _____