



Council on Volunteer Services

Georgia Health Care

**COMMUNITY OF CONSCIENCE OUTREACH AWARD FOR
LARGE, MID-SIZE AND SMALL HOSPITALS**

Name of Community of Conscience Outreach Project

Hospital Name _____

Number of licensed beds: _____ **District:** _____

Volunteer President's Name: _____

President's Home Address: _____

City: _____

President's Telephone Number: _____

President's E-mail: _____

President's Signature: _____

Mail entry to:

Beverly Rogan

6550 Halcyon, Apt 452

Alpharetta, GA 30005

Email: bevrogies@yahoo.com

Phone: 843-415-3568

ENTRY MUST BE RECEIVED BY JUNE 15, 2023 TO BE ELIGIBLE