



Council on Volunteer Services
Georgia Health Care

DVS/Volunteer Coordinator/Volunteer Liaison of the Year

Nominee's Name & Title: _____

Number of years in present position: _____

Hospital Name: _____

Number of licensed beds: _____

Auxiliary President's Name: _____

President's 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