



Council on Volunteer Services

Georgia Health Care

**COVS OFFICER APPLICATION FORM**

**FOR THE OFFICE OF  
DISTRICT DIRECTOR**

**DATE:** \_\_\_\_\_

*Please Type or Print Information:*

**Name of Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Hospital:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Address of Hospital:** \_\_\_\_\_

**Total number of year's applicant has been a member of a hospital Volunteer group?** \_\_\_\_\_

**Please list all Volunteer offices and Committee Chairperson positions held. (Include years held. If necessary, use an additional sheet of paper to complete these lists).** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list all volunteer areas in the hospital where applicant has served. (Include years of service)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have previously served on the COVS Board of Management, please list other offices, committee chairperson positions, and activities involved in while serving.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total number of years applicant has served on the Board of Management: \_\_\_\_\_

Would you be willing to move to other Board of Management offices in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Would you be willing to serve in an office other than the one for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Please list other organizational involvement outside of healthcare volunteerism. Give office/committee chairperson positions held. (Include year held)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A SHEET EXPLAINING WHY YOU ARE SEEKING AN OFFICE ON THE COVS BOARD OF MANAGEMENT AND TELL WHY YOU BELIEVE YOU ARE QUALIFIED FOR THIS POSITION.**

I, the undersigned Applicant, understand that serving as an officer for the COVS is a responsibility. This obligation involves duties and travel, as well as services to all members of the Council. I willingly and knowingly accept all responsibilities required for this office.

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Signature of Applicant

Date

We pledge our support to (Name of Applicant) \_\_\_\_\_

and to the Council on Volunteers Services in this endeavor.

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Signature of Volunteer Service Group President

Date

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Signature of Hospital Administrator/CEO

Date

To be eligible for consideration, this application must be received by the COVS Nominating Committee Chairperson listed below by **February 15, 2023**

Mrs. Cathy Hefner  
1615 Beagle Run  
Monroe, GA 30656  
c-678-699-8464  
[painrelief52@gmail.com](mailto:painrelief52@gmail.com)  
St. Mary's Healthcare System  
Northeast District