



Council on Volunteer Services

Georgia Health Care

NOMINATING COMMITTEE APPLICATION FORM

DATE: _____

Please Type or Print Information:

FOR THE OFFICE OF: _____

Name of Applicant: _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Name of Hospital: _____

Address of Hospital: _____

Total number of years you have been a member of a hospital volunteer group: _____

Please list all Volunteer Service offices and Committee Chairman positions held, including years held. If necessary, use additional sheets of paper to complete these lists.

Please list all volunteer service areas in the hospital where you have served, including years.

If you have previously served on the COVS Board of Management, please list the other offices, Committee Chairman positions and activities involved in while serving.

Total number of years you have 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 chairman positions held and the 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 in the office of _____ 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.

Signature of the Applicant

Date

We pledge our support to this applicant _____
and to the Council on Volunteer Services in this endeavor.

Signature of the Volunteer Service Group President

Date

Signature of the Hospital Administrator/CEO

Date

If applying for the office of TREASURER of COVS, please attach the following information:

1. Education or training in accounting.
2. Experience in bookkeeping/accounting.
(a) Employment (b) Clubs/organizations

Please check:

Experience in accounts receivable? Yes _____ No _____

Experience in accounts payable? Yes _____ No _____

Are you willing to serve as Treasurer for COVS for more than one (1) year? Yes _____ No _____

THIS FORM, **WITH ALL PARTS COMPLETED**, MUST BE RECEIVED BY THE NOMINATING COMMITTEE CHAIRPERSON not later than **Feb 15, 2023**. THANK YOU.

Mrs. Cathy Hefner
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Monroe, GA 30656
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painrelief52@gmail.com
St Mary's Healthcare System
Northeast District