



Council on Volunteer Services  
Georgia Health Care  
**OFFICER 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.**

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**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.**

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**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.**

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**Signature of the Applicant** **Date**

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

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Signature of the Volunteer Service Group President

Date

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Signature of the Hospital Administrator/CEO

Date

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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 \_\_\_\_\_

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

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