



Council on Volunteer Services
Georgia Health Care

Year _____

Recognition of Achievement

Name of Volunteer Group: _____ District: _____

Volunteer President: _____ Phone Number: _____

Name of Hospital: _____ Phone Number: _____

DVS Name: _____ Phone Number: _____

1. Be a member in good standing and affiliated with the Council on Volunteer Services Georgia Health Care. Dues are in accordance with the size of your hospital. **Due date is November 1 and will be delinquent after December 31.**

1-25 Beds	\$25.00
26-50 Beds	\$75.00
51-100 Beds	\$100.00
101-250 Beds	\$150.00
251- and up	\$200.00

Please make check payable to COVS and send to: Brenda Foy, 22 Terrace Ct., SE, Moultrie, GA 31788.

2. A contribution to the **Elizabeth Wilmot Bull Memorial Scholarship Fund** in accordance with the membership of your Volunteer Services group.

5-25 Members	\$20.00
26-50 Members	\$55.00
51-100 Members	\$100.00
101+ Members	\$125.00

A larger donation is always welcome. Please make your check payable to COVS and send it to: Brenda Foy, 22 Terrace Ct., SE, Moultrie, GA 31788 by December 31, 2023.

3. A contribution of \$100.00 to the **Jean Cory Youth Scholarship Fund. Not required.**
A larger donation is always welcome. Please make your check payable to COVS and send it to: Brenda Foy, 22 Terrace Ct., SE, Moultrie, GA 31788 by December 31, 2023
4. Publish at least 2 newsletters a year. Email or send a hard copy to the COVS President, President-Elect, VP Membership, Courier Editor and both of your District Directors.
5. Extend an invitation to your District Directors to visit your Auxiliary. This could include a Board Meeting or luncheon.
6. If a COVS Conference is planned for the current year, have a least (1) representative registered and present.
7. Attend annual President/President-Elect/Vice President meeting.
8. If held, have a least one (1) representative attend the Spring District Meeting.
9. Have a Community Service project that your Volunteer Services Group participates in.
Not required.
10. Send annual President's Report at the end of your fiscal year to the District Directors listed below.
11. Send this completed form to the District Directors named below by:

August 15, 2023

Name: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Email: _____

Name: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Email: _____