



Council on Volunteer Services

Georgia Health Care

VOLUNTEER SERVICES Officer's Form

***The newly Elected President completes this form and mails to their District Directors and the COVS Vice President of Membership. If there are changes during the year, please send a new form to the same officers.**

Volunteer Group Name: _____

District: _____

Hospital Name: _____

Phone Number: _____

Address: _____

City and ZIP: _____

Newly Elected President

Newly Elected Vice President

Term of Office begins: _____

Term of Office begins: _____

Term of office ends: _____

Term of Office ends: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/ZIP: _____

City/ZIP: _____

Phone: H/C _____

Phone: H/C _____

Email: _____

Email: _____

DVS/Volunteer Services Liaison

Hospital CEO

Name: _____

Name: _____

Phone: _____

Email: _____

District Directors/VP Membership

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

**Jimmy Hall
112 Wildwood Trail.
Bonaire, GA 31005
jashall59@yahoo.com
479-972-0233**