

FORM TWO (2)
PRESIDENT'S/REPRESENTATIVE'S WRITTEN REPORT
FOR DISTRICT MEETING

IMPORTANT: Since statistical information requested on this form is reported to district, state and national level organizations, it is very important it be mailed to the District Meeting Coordinator 2 weeks prior to the meeting date. Its importance cannot be over-emphasized.

Meeting Date: _____ District: _____ City: _____

Hosting Volunteers: _____

Healthcare Facility Name: _____

Address: _____

City: _____ TX ZIP Code: _____

Telephone: _____ Fax: _____

Facility E-Mail: _____

I. Number of Beds: _____

II. (For the following, use numbers based on a 12 month period)

Total number of Senior Volunteers: _____

Total number of Senior Volunteer hours worked: _____

Total number of Junior Volunteers: _____

Total number of Junior Volunteer hours worked: _____

FORM TWO (2) – WRITTEN REPORT *(continued)*

Total number of Scholarships given: _____

Total dollar amount of Scholarships: _____

Amount of Cash Gifts to Healthcare Facility: _____

Amount of Non-Cash Gifts (equipment, etc.)
given to Healthcare Facility: _____

Amount of Cash to Community Projects: _____

III. New In-Healthcare Facility Service:

IV. Community Outreach Services:

V. Unique or Creative Fundraising Ideas:

VI. Healthcare Group Information:

Name of Volunteer Group: _____

Name of President: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

FORM TWO (2) – WRITTEN REPORT (continued)

Name of Treasurer: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Name of DVS/Volunteer Coordinator: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Month your organization changes officers: _____

FOLLOWING FOR TAHV INFORMATIONAL PURPOSES:

In order to address the informational needs of our membership, we are updating educational programs for "**Educational Topics for Volunteers**" (ETV), the educational arm of TAHV. With current technology at our fingertips, we are planning to further develop digital presentations in areas of most need/interest. We appreciate your ideas and suggestions to better serve our membership -- YOU!!

A. What do you see as the greatest need of your volunteer organization?

B. How can TAHV assist your volunteer organization?

C. Would you be interested in having an ETV Program for your volunteers? Yes _____ No _____