

FORM #1

Due November 15<sup>TH</sup>

Fill out as it will appear in the HVK Roster

ELECTION REPORT AND  
MEMBERSHIP ROSTER INFORMATION  
Hospital Volunteers of Kansas (HVK)

Date Completed \_\_\_\_\_ District # \_\_\_\_\_ # of Beds \_\_\_\_\_

Name of Auxiliary Group \_\_\_\_\_  
(as it should appear in HAK roster)

Name of Hospital \_\_\_\_\_  
(as it should appear in HAK roster)

Hospital  
Address \_\_\_\_\_  
Street city/zip Business Phone

Hospital Administrator or CEO \_\_\_\_\_  
Business Phone

DVS/Volunteer  
Coordinator \_\_\_\_\_  
Business Phone

DVS email address \_\_\_\_\_

AUXILIARY PRESIDENT \_\_\_\_\_

Address \_\_\_\_\_ city/zip Home Phone

Email address \_\_\_\_\_ Cell Phone

AUXILIARY PRESIDENT ELECT **OR** VP \_\_\_\_\_

Address \_\_\_\_\_ city/zip Home Phone

Email Address \_\_\_\_\_ Cell Phone

Send a copy to each person below by **November 15** and keep one for your files. If there are any changes to the above information throughout the year, please send corrections by resubmitting Form 1, with changes, to the same people.

HVK District Coordinator

HVK President Elect

HVK Membership Secretary