



UTAH ASSOCIATION OF HEALTHCARE VOLUNTEER ORGANIZATIONS, INC.

January 2, 2013

Dear Volunteer Leader,

We thank you for your interest in the Utah Association of Healthcare Volunteer Organizations. This packet will be helpful to you in starting a volunteer organization in your healthcare facility.

According to the UAHVO By-Laws, Article IV-Membership Dues, criteria for membership include:

- A. Membership shall be open to auxiliaries or volunteer organizations of all healthcare facilities in the State of Utah.
- B. Member auxiliaries or volunteer organizations shall be those governed by a governing board, headed by leadership, having been duly elected by the general membership of their organization.
- C. Application for membership shall be made to the President of the State Auxiliary/Volunteer Board in writing. The organization applying shall become a member upon approval of the State Board and payment of fees and dues as hereinafter provided. The president of the local auxiliary shall be the official representative of the auxiliary.

Enclosed is an application for membership and dues schedule. Please return your application with your check to our membership chairperson:

MEMBERSHIP CHAIRPERSON

MEMBERSHIP CHAIRPERSON

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801 770 1212

Your application will be reviewed at our Board Meeting held the first Friday of each month. We will notify you within one to two weeks after your application is approved. If you have any questions, please direct them to our membership chairperson.

Thank you for your interest and welcome to our group.

Sincerely,

MEMBERSHIP CHAIRPERSON

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YOU ARE INVITED.....

**TO BECOME PART OF
THE UTAH ASSOCIATION OF HEALTHCARE VOLUNTEER
ORGANIZATIONS, INC. (UAHVO)**

Board meetings are held on the first Friday of the month at the Utah Hospital Association (UHA) Office in Salt Lake City (2180 South 1300 East, Fourth Floor Conference Room, Suite 440). Where over-night travel is necessary, the expense is covered by the UAHVO association for one night hotel and/or gas. Each board position is a two year term (exception of Treasurer). All positions require one year service on local hospital volunteer boards.

ELECTED POSITIONS:

President: Directs all UAHVO activities
President-Elect: Assists the President. Has major responsibilities for annual conference.
Secretary: Keeps a record of all general board meetings and conference meetings and other meetings.
Treasurer: (6 year term) Has custody of UAHVO funds and helps prepare the budget and collects dues from the membership.
Regional Representatives:
Four regions are represented on the board. Region representatives disseminate information to the membership of the region from the State Board, conducts regional meetings/Seminars. Assists the president in the board visits to each hospital.

APPOINTED POSITIONS:

Historian: Keeps records (written/photo) of all the UAHVO activities in the form of a History book and presents to the President at the end of her term.
Hospitality Chair: Assists the President in performing duties as host. Has responsibilities at the annual conference and other functions.
Service Recognition Chair: Prepares and distributes certificates.
Membership Chair: Promotes membership of the UAHVO.
Newsletter Chair: Prepares the quarterly newsletter and up-dates mailing list.
Legislative Chair: Reports on legislative meetings, encourages membership to up-date respective By-Laws.
DVS: Serves as a liaison between UAHVO and the Volunteer Directors.



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Application for Membership

Date: _____

Through its officers, this Auxiliary/Volunteer organization does hereby apply for membership in the Utah Association of Healthcare Volunteer Organizations, Inc.

Name of Auxiliary/Volunteer Council: _____

Name of Healthcare Facility: _____

Healthcare Facility Address: _____

Telephone Number: _____

Number of Beds: _____

Is the Healthcare Facility a member of the Utah Association of Healthcare Providers: _____

Name of Auxiliary/Volunteer Council President: _____

Home Address: _____

Home Telephone Number: _____

Name of Director of Volunteer Services: _____

Telephone Number: _____

Is Director Salaried? _____

Number of Active Volunteers: _____

Male: _____ Female: _____ Juniors: _____

Signed: _____ Title: _____

Signature of Administrator: _____