



NEADHVS

NEW ENGLAND ASSOCIATION DIRECTORS HEALTHCARE VOLUNTEER SERVICES

Please print and complete this application and send it to Erin McCallon-Estremera, CAVS, Volunteer Services Coordinator, Hartford Hospital, 80 Seymour Street, Hartford, CT 06102. Phone: (860) 545-2079, Email: eemccal@harthosp.org along with your membership dues in the amount of \$50.00. Please note: If your predecessor was a paid member of NEADHVS during this membership year, and the membership dues were paid by your facility, you may join without paying additional dues this year.

The following information is to clarify questions about new or renewing memberships in the middle of our fiscal year (July 1 – June 30). All members must pay the full \$50 dues no matter when they join during the year. If a member leaves their organization and the organization has paid the membership fee, it will be applied to the new director/manager from that organization. If dues are paid personally by the member themselves, the membership belongs to that individual.

NEADHVS 2011-2012 MEMBERSHIP APPLICATION

Name _____ Date _____

Please check one: My organization is paying my membership dues. I am personally paying my membership dues.

If known, please supply the name of the former DVS at your facility _____

Title/Position _____ I am a CAVS: Yes No

Facility _____

Address _____

Type of Facility _____ # Beds _____ # Volunteers _____

Office Phone () _____ Fax () _____

E-Mail Address _____

Do you have Dept Director/Manager status at your facility? Yes No Date Hired _____ Hours/week _____

#Paid Personnel Supervised _____ Do you supervise any other departments or services? Yes No

If yes, please list: _____

Are you a Member of your State Association? Yes No (CT= CADVSH, MA= MADHVS, ME= MSDHVS, NH/VT= NH/VTAHVS, RI= RIAHVA)

Are you a Member of the National Association, AHVRP? Yes No

Please list any awards you have received from your State Association, NEADHVS, or AHVRP: _____

Please list any board positions you have held in your State Association, NEADHVS, or AHVRP: _____

Signature: _____ Date: _____