



**Virginia Association of Healthcare Auxiliaries and Volunteers (VAHAV)
VAHAV DIRECTORY CHANGE**



HOSPITAL OR FACILITY NAME _____ + _____

AUXILIARY PRESIDENT NAME _____

Home Address _____

PERSONAL Phone # _____ **Hospital Phone #** _____ **Cell Phone #** _____

Personal Email _____ **Hospital Email** _____

Term of Office Ends (mm/dd/yyyy) _____ **Mailing Preference** Home or Hospital

DIRECTOR OF VOLUNTEER SERVICES (DVS)

No DVS **OR** _____ Paid DVS or Non-Paid DVS

DVS Name _____

Address _____ Home or Hospital

Email _____ Home or Hospital

Phone # _____ Home or Hospital **Other Phone #** _____

GIFT SHOP MANAGER(S) No Shop **OR** Paid Mgr(s) or Volunteer Mgr(s)

Manager Names _____

Addresses _____ Home or Hospital

Email _____ Home or Hospital

Phone # _____ **Other Phone #s (optional)** _____

RESALE (THRIFT/CONSIGNMENT) SHOP MGR(S) No Shop **OR** Paid Mgr(s) **OR** Volunteer Mgr(s)

Manager Name(s) _____

Addresses _____ Home or Hospital

Email(s) _____ Home or Hospital

Phone #(s) _____ **Other Phone #s** _____

LEGISLATIVE CHAIR No Legislative

Legislative Chair Name _____

Address _____ Home or Hospital

Email _____ Home or Hospital

Phone #(s) _____ **Other Phone #s** _____

If you cannot forward a copy to the VAHAV Communication Chair (communications@vahav.org), and VAHAV Webmaster (webmaster@vahav.org), provide to your District Chair for forwarding.