INSTALLATION OF LOCAL OFFICERS

PRESIDENT/CO-PRESIDENTS		
(name(s)), it is your obligation as president/co-presidents to		
conduct the business of the organization according to its Bylaws and policies, using the guidelines		
provided by the Partners of WHA, Inc., Leadership Manual.		
As president/co-presidents you serve as (a) liaison(s) between the volunteer organization and the		
hospital administration. You will be responsible for maintaining all records of the organization,		
sending reports as requested by the district and state, representing (org. name)		
at district and state meetings and encouraging leadership within your		
organization.		
So it is that you, (name(s)), as President/Co-presidents will be the representative(s) of (org. name)		
will be the representative(s) of (org. name)		
during your term of office.		
Do you, (name(s)), agree to accept these		
responsibilities and perform them to the best of your ability? If so, answer, "I do."		
(Wait for response, then present red flower(s), saying):		
I am happy to present to you this/these red flower(s) as a symbol of leadership in your organization		
and our confidence in you to perform your duties.		
VICE PRESIDENT/PRESIDENT-ELECT		
As Vice President/President-Elect, you, (name) will act in place of the		
president when necessary. If the president is not able to complete his/her term of office, you will		
automatically become the president, unless the bylaws provide otherwise. You will assist the		
president in assigned tasks and whenever possible attend meetings and leadership training.		
Do you (name) agree to accept these responsibilities and perform		
them to the best of your ability? If so, answer, "I do."		
(Wait for response, then present pink flower, saying):		
I am happy to present you with this pink flower as a symbol of your position of support and our		
confidence in you to perform your duties.		
SECRETARY		
As secretary, (name), you are responsible for the minutes of the		
meetings of the board, executive committee and general membership. Minutes should be written		
promptly after each meeting and kept for permanent records. Minutes should be distributed to		
each board member and available to any member of the organization.		
Do you, (name), agree to accept these responsibilities and perform		
them to the best of your ability? If so, answer, "I do."		
(Wait for response, then present blue flower, saying):		
Because accuracy in keeping the records of the meetings and handling of correspondence is an		
integral part of your Partners organization's life, I give you this blue flower, which represents clarity		
and conciseness of expression and our confidence in you to perform your duties.		

TREASURER	
As treasurer, (name)	, you are the custodian of the organization's
funds. It is your responsibility to pay all bills as au	thorized. You will prepare a budget for approval by
the board and/or the general membership at an a	annual meeting. You will prepare and present a
	ner reports as requested by the board of directors
of (org. name)	·
of (org. name), ag	gree to accept these responsibilities and perform
them to the best of your ability? If so, answer, "I	do."
(Wait for response, then present green flower, sa	aying):
Because the reason for our existence is to serve of	our health care facilities, whether that is in service
or money, I present you this green flower as a syr	mbol of our confidence in you to perform your
duties.	
(Addressing the new officers):	
Congratulations to all of you! As (district officer t	
that your tenures of office may prove to be a rew	rarding experience.
(Addressing the membership):	
	, I present to you the new
	\prime support their efforts and to help them achieve the
purposes and aims of (org. name)	<u>OR</u> your organization
I now declare these officers duly installed and ext	
my congratu	lations and best wishes for a successful year/term.
Alternative:	
SECRETARY/TREASURER	
	, you are responsible for the minutes
of the meetings of the board, executive committee	
written promptly after each meeting and kept for	
distributed to each board member and available	•
	ition's funds. It is your responsibility to pay all bills
• •	oval by the board and/or the general membership
	ent a monthly statement, an annual report and any
other reports as requested by the board of direct	.ors or (org. flattie)
Do you (name)	agree to accept these responsibilities and
Do you, (name) perform them to the best of your ability? If so, ar	, agree to accept these responsionates and
(Wait for response, then present a blue flower, sa	
Because accuracy in keeping the records of the m	
· · · · · · · · · · · · · · · · · · ·	and the reason for our organization's existence is
to serve our health care facilities, whether that is	-
	ession and our confidence in you to perform your
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duties.