



Youth for Hospice Community Service Letter Request

NAME: _____ SCHOOL: _____ GRADE: _____

PHONE: _____ EMAIL: _____

TOTAL NUMBER OF HOURS REQUESTED (DOCUMENTED BELOW): _____

SIGNATURE: _____

DATE	ACTIVITY	HOURS WORKED	SUBTOTAL
		TOTAL:	

PLEASE ADDRESS LETTER TO (check one):

- Student
- Other: _____

WHERE SHOULD THE LETTER BE SENT (check one)?

- I will pick up the letter
- Email to: _____

PLEASE NOTE THAT YOU WILL NOT RECEIVE A LETTER FOR ANY HOURS UNLESS YOUR SIGNED YFH APPLICATION IS ON FILE. MEETING HOURS WILL BE CREDITED AFTER ONE REGULAR EVENT IS WORKED.

PLEASE RETURN THIS FORM TO:

Greg Essenpreis
Patient Experience Program Director
United Hospice of Rockland
11 Stokum Lane
New City, NY 10956
gessenpreis@unitedhospiceinc.org