



## 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
		<b>TOTAL:</b>	

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](mailto:gessenpreis@unitedhospiceinc.org)