



When time matters most

August 21st, 2019

Attn: Guidance Counselors

Youth for Hospice (YFH) was founded in 2008 and is part of United Hospice of Rockland's youth volunteer program coordinated by local high school students. Its mission is to create fundraising events that benefit **United Hospice of Rockland (UHR)**, to help at UHR special events and to volunteer in the office, all while **earning community service hours.**

Youth for Hospice volunteers meet to strategize and implement fundraisers that would help UHR raise much needed funds, while also raising awareness about Hospice care in the community. *Youth for Hospice* fundraising efforts have also directly benefited our Healing Hearts Group; a support group for children who have lost a family member.

In the 2019-2020 school year, United Hospice of Rockland will hold meetings on our premises for students in your district that are interested in serving the community by supporting our mission: ***Honoring Life, Giving Care, and Bringing Comfort.***

We welcome and invite your collaboration. I am hoping that you can identify a point person to help make your students aware of *Youth for Hospice* and to foster a partnership with us to make this program even more rewarding for the students.

We would like to speak with you to discuss our preliminary plan to hold meetings every other month beginning in **September**. We plan on making these meetings informative, to educate a younger generation about Hospice, and to provide students with an opportunity to both give and receive the benefit of performing charitable work.

Looking forward to scheduling a meeting with you.

Sincerely,

Maria Cortese, LPN

Marketing & Community Outreach Liaison

mcortese@hospiceofrockland.org

845-634-4974 Ext. 115



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Youth for Hospice Position Descriptions Include:

President of Youth for Hospice:

- Runs Youth for Hospice meetings.
- Leads new fundraisers.
- Ensures that Chapter presidents and members are active.
 - Active members are members who are planning ongoing fundraisers at their home schools, participating in Youth for Hospice fundraisers, and brainstorming new fundraisers.
- Ensures that other chairs and chapter presidents are fulfilling their duties.
- Consults with Hospice Faculty on progress

Vice President:

- Gets hours from Chapter Presidents and gives them to Hospice Faculty (Carol Galione).
- Ensures that members have submitted applications

Recording Secretary:

- Records *detailed* notes from the group meetings.

Corresponding Secretary:

- Uploads notes online.
- Sends out reminders about meetings and upcoming tasks.

President of School Chapters:

- Ensures that members are active.
 - Active members are members who are planning ongoing fundraisers at their home schools, participating in Youth for Hospice fundraisers, and brainstorming new fundraisers.
- Fills out Service Sheets for every meeting and event.
- Gives these sheets to the Vice President at the meetings.
- Updates the Youth for Hospice groups about their school's progress at the meetings.
- Suggested to have someone else in the chapter who records meetings from the notes and posts them in the school GroupMe chat.
- *** Ensures that their members have submitting an application***

All positions and members should be recruiting more ACTIVE members, especially from other schools who are not active. Reach out!



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**United Hospice of Rockland
Youth for Hospice Volunteer Application**

Name: _____ **Date:** _____

Home phone: _____ **Cell phone:** _____

Email: _____

Home address: _____

City: _____ **State:** _____ **Zip:** _____

Birthdate: _____

School: _____ **Graduation year:** _____

In case of emergency:

Notify: _____ **Relationship:** _____ **Phone:** _____

*Please submit this form to
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mcortese@hospiceofrockland.org
P: 845-634-4974 Ext. 115
F: 845-634-7552*

UNITED HOSPICE OF ROCKLAND, INC.
Parent/Guardian Consent Form Continues Below
For Hospice Volunteers (minors) of United Hospice of Rockland, Inc.

This consent form is provided to the parents/guardians of volunteers under the age of 18. As the parent/guardian, you play an important role in your child's experience as a hospice volunteer. This form is intended to inform you of policies and procedures. We ask that you read this with your child and sign the statements below, indicating understanding and acceptance.

- All patient information that your child may encounter in the course of his/her work is to be kept confidential as required by Federal Privacy Laws. Your child will sign a statement of confidentiality and understand the Health Insurance Portability and Accountability Act.
- Your child is to document all hours given in service to the agency via email or on the Volunteer Time Sheet. This is necessary to enable United Hospice of Rockland to fulfill our Federal mandate to utilize volunteers, and to make it possible for us to document the teen's contribution should documentation be needed as proof of community service hours.

I hereby give consent for my child, _____, to participate as volunteer for United Hospice of Rockland, Inc. (UHR). I agree to release and hold harmless UHR, its board of directors, officers, employees and representatives from any and all liability of any kind or nature whatsoever in connection with any injury, loss, damage, or expense suffered or incurred by the above-named youth volunteer as a result of an act or failure to act, intentional or unintentional, related to their volunteer activity.

In the event of a medical emergency, I understand that emergency medical treatment will be sought for my child. In the event that an effort to reach the parent or guardian is not successful, I also authorize the adult agents, officers, employees or representatives of UHR to consent to any X-ray examination, anesthetic, medical or surgical diagnosis/treatment and hospital care.

I hereby consent to the use of my/my child's name, likeness, and speech in any audio tape, video tape, film or photograph made by or on behalf of UHR for business or publicity purposes. I understand that any participation offers no remuneration and that my child's name, likeness and speech may be edited, produced, recorded for duplication. I expressly release United Hospice of Rockland, its directors, officers, employees, representatives, licensees, assignees, affiliates and successors from any privacy, defamation, or other claims I may have arising out of broadcast, exhibition, publication, or promotion of this program.

The undersigned has read, understood and freely and voluntarily agreed to the terms and conditions of this agreement as outlined.

Print Parent/Guardian Name: _____

Signature of Parent/Guardian, Date: _____

Emergency Contact Information: _____

Parent/Guardian email: _____