



Youth For Hospice (YFH) WANTED



United Hospice of Rockland (UHR) is seeking High School Students in grades 9-12 to join **Youth for Hospice (YFH)**!



Join our YFH Group or start a new chapter at your High School!

EARN COMMUNITY SERVICE HOURS AND GAIN VALUABLE LEADERSHIP EXPERIENCE!

HELP PLAN FUNDRAISING EVENTS AND ASSIST WITH OTHER HOSPICE PROJECTS, INCLUDING VOLUNTEERING IN THE UHR OFFICE.

To learn more, visit hospiceofrockland.org

Contact Maria Cortese at mcortese@hospiceofrockland.org or call 845.634.4974 Ext.115

CREATE YOUR OWN IDEAS FOR HELPING HOSPICE, ALL NEW IDEAS ARE WELCOME!

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When time matters most

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.
 - 1 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.
 - 1 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!



When time matters most

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
Maria Cortese
11 Stokum Lane, New City, NY 10956
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: _____