Atlantic Health

Volunteer Services
Recommendation/Documentation of Hours Request Form

- Please allow up to 10 business days for processing. We are unable to process walk-in requests.
- Please type into the form, save to your computer as a .doc, .docx, or .rtf (if MAC), and include your last name in the file name, then attached your completed form to an email (CS_Volunteers1@atlantichealth.org).

Date of Request: _____ Date Request is Due: _____

Volunteer Name: _____

Volunteer Contact Info: _____

Reason for Request: _____

Your request:

____ Documentation of Hours
____ **Specific Form** Please fill out all items that you can fill out, such as your name, school contact info, etc.
____ **Letter** [You must clarify any specifics needed in the letter, such as Name(s), Title(s), Address(es) of the persons to whom the letter(s) should be sent].

Where requests should be sent:

____ Mailed to: (Name & Complete Address): _____
____ Emailed to: _____

Additional Notes

_____
_____
_____

Volunteer and Guest Services
901 W. Main Street
Freehold, NJ 07728

T 732-294-2622
CS_Volunteers1@atlantichealth.org
www. atlantichealth.org/volunteer