

(Organization Letterhead Must be Identified on Document)

Date

TO WHOM IT MAY CONCERN:

(Name of Applicant) has completed (number of hours) of volunteer service at (name of organization) between (start date) and (end date), performing the following duties:

(List duties and explain interaction with patients seeking medical care. If any second language has been used by the applicant for this experience, please specify)

Sincerely,

(Signature)

Name

Title

Department

Contact Information