

(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).

Our organization is (What does the organization do? In a summary)

The applicant performed the following duties:

(List the services that the applicant has done for the underserved community. If any second language has been used by the applicant for this volunteer experience, please specify)

Sincerely,

(Signature)

Name

Title

Department

Contact Information