(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