

# Volunteer Availability Confirmation

Dear [Volunteer Name],

Thank you for your willingness to assist with medical services. We are pleased to confirm your availability for the upcoming medical assistance program.

## Details of Your Volunteer Assignment

**Event Date:** [Insert Date]

**Time:** [Insert Start Time] to [Insert End Time]

**Location:** [Insert Location]

**Role:** [Insert Role/Task Description]

## Next Steps

Please arrive 15 minutes early to ensure a smooth transition. If you have any questions or need to discuss your role further, feel free to contact us at [Insert Contact Information].

Thank you once again for your commitment to helping others. Your support is invaluable.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]