

Confirmation of Volunteer Membership

Date: [Insert Date]

Dear [Volunteer Name],

We are pleased to confirm your registration as a member of our Volunteer Medical Team. Your commitment to helping those in need is invaluable.

Details of your participation:

- **Event Date:** [Insert Date]
- **Location:** [Insert Location]
- **Time:** [Insert Time]
- **Role:** [Insert Role]

Please arrive at least 30 minutes early for orientation. If you have any questions, feel free to reach out to us at [Insert Contact Information].

Thank you for your dedication and support.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]