

Volunteer Acceptance Letter

Date: [Insert Date]

[Volunteer Name]

[Volunteer Address]

[City, State, Zip Code]

Dear [Volunteer Name],

We are pleased to inform you that your application to volunteer as a medical errand handler with [Organization Name] has been accepted. We appreciate your commitment to supporting our community and are excited to have you as part of our team.

Your role will involve assisting with medical errands, including picking up prescriptions, delivering medical supplies, and supporting patients in need. Your start date will be [Insert Start Date]. Please report to [Insert Location] at [Insert Time] for your orientation and training session.

We look forward to working with you and making a positive impact together. If you have any questions, feel free to reach out to us at [Insert Contact Information].

Thank you for your generosity and time.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]