

Commissioning Letter for Healthcare Errands

Date: _____

To:

[Volunteer's Name]

[Volunteer's Address]

[City, State, Zip Code]

Dear [Volunteer's Name],

We are pleased to inform you that you have been commissioned as a volunteer to assist with healthcare errands in our community. Your dedication and willingness to help those in need are greatly appreciated.

Your responsibilities will include:

- Delivering medications to patients.
- Providing transportation for medical appointments.
- Running essential errands for individuals unable to do so.

We request that you commit to this role for a period of [duration]. Training and support will be provided to ensure your success in this position.

Please sign and return the enclosed copy of this letter to confirm your acceptance of the responsibilities outlined above.

Thank you for your willingness to serve our community.

Sincerely,

[Your Name]

[Your Title/Position]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

[Contact Information]

Acceptance:

I, [Volunteer's Name], accept the responsibilities as outlined in this commissioning letter.

Signature: _____ Date: _____