

# Confirmation of Volunteer Assistance

Date: [Insert Date]

Dear [Volunteer Name],

We are pleased to confirm your generous offer to assist with medical errands. Your support is invaluable to us and will help greatly in meeting the needs of our community.

Details of your assistance:

- **Location:** [Insert Location]
- **Date:** [Insert Date(s)]
- **Time:** [Insert Time(s)]
- **Tasks:** [Insert Tasks or errands to be completed]

If you have any questions or need further information, please do not hesitate to reach out to us.

Thank you once again for your willingness to help.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]