

Volunteer Release Letter

Date: _____

To Whom It May Concern,

I, [Your Name], hereby acknowledge and agree that I am voluntarily providing my assistance as a volunteer with medical needs at [Organization Name]. I understand the nature of this service and acknowledge that it may involve risks associated with working in medical settings.

As a volunteer, I release [Organization Name], its employees, and any affiliated individuals from any liability for any injury, illness, or damage that may occur during the course of my volunteer activities.

I affirm that I am capable of performing my volunteer duties and will follow all guidelines and protocols provided by [Organization Name].

Thank you for allowing me to contribute to this important work.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]