

# Volunteer Agreement Termination Letter

Date: [Insert Date]

[Volunteer Name]

[Volunteer Address]

[City, State, Zip Code]

Dear [Volunteer Name],

We regret to inform you that we have to terminate your volunteer agreement due to health reasons, effective immediately. We appreciate the time and effort you have dedicated to our organization and understand that your health must come first.

Please know that your contributions have made a positive impact, and we are grateful for the work you have done during your time as a volunteer.

If you have any questions or need further assistance, please feel free to reach out.

Wishing you a speedy recovery and all the best for your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]