

(Organization Letterhead Must be Identified on Document)

Date

CSUF School of Nursing, EC-190  
800 North State College Blvd.  
P.O. Box 6868  
Fullerton, CA 92834-6868

TO WHOM IT MAY CONCERN:

(Name of Applicant) has completed (number of hours) of volunteer service at (name of organization) between (start date) and (end date), performing the following duties:

List duties and explain interaction with patients seeking medical care

Sincerely,

(Signature)

Name  
Title  
Department  
Contact Information