

(Organization Letterhead Must be Identified on Document)

Date

School of Nursing
California State University San Marcos
333 S. Twin Oaks Valley Rd.
San Marcos, CA 92096-0001

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