YOUR LOGO/ADDRESS/ETC. HERE

Volunteer Name

Volunteer Address

Date

# Dear *Name of volunteer*,

Thank you for your interest in becoming a University of Florida volunteer for *Name of Volunteer Program*. After review of your application, *If applicable, list any other screening requirements specific to your volunteer program (i.e. background screening, interviews, etc.)*, we are pleased to inform you that you have been approved as a *Name of Volunteer Program* volunteer. This approval is effective for one year, beginning on your volunteer service start date of *Date Volunteer Service will Begin*. We look forward to having you as part of our program! Attached are required volunteer trainings. Training is an important part of being a successful volunteer. If you have any questions, please call *Name of designated contact person* at *phone number*. Thank you again for offering your services as a volunteer; we look forward to the valuable contributions that you will make as a volunteer!

*Note: Annual approval of volunteer services is required for each volunteer regardless of history or years of service. The department or academic unit may release a volunteer at any time, for any reason and without prior notice.*

Sincerely,