**Template letter for Councils on Aging (COA) to provide volunteer drivers**

**COA Letterhead**

[DATE]

To Whom It May Concern:

I am writing to verify that [STAFF FULL NAME] is a volunteer driver for [ORGANIZATION NAME] and is or will be frequently providing transportation for people ages 75 and older to COVID-19 vaccine appointments. As a member of the COVID-19 vaccine appointment infrastructure, they have registered for a COVID-19 appointment as a non-COVID-19 facing health care worker and are eligible for to receive a COVID-19 vaccine according to the Commonwealth of Massachusetts.

Please do not hesitate to contact me directly with any questions or concerns.

Thank you.

Sincerely,

[NAME]

[CONTACT INFORMATION]