**POD Name**

Date

Dear Name of Person/Organization,

Community POD name is hosting a Point of Dispensing (POD) Day/Week/Month on (date). The goal of this POD Event is to set up in a centralized location within our community where pharmaceuticals and other medications can be distributed to our community members. These centralized community facilities may range from small clinics to large operations with multiple staging and operations areas; these facilities may also support a range of methods of distributing drugs and medications to our community members.

Our goal every fall is to plan for and stand up one community Point of Dispensing event (usually a community-wide flu clinic) at a centralized community facility, allowing our POD volunteer team to run a community health POD event.

A critical component of our community-run Point of Dispensing (POD) Event is the one-on-one support provided by volunteers who help our fellow community members and students run through the POD exercise. Volunteers can be retirees, school and clinical staff, parents and local business staff or students from nearby colleges and universities, and other representatives from the community.

Community POD is hosting its event on date(s) from time range and would welcome volunteers from your organization to work to support our community at this important and exciting time. Volunteers may:

• greet and sign-in guests,

• guide guests through the application process,

• act as a guide, evaluator, or runner during the exercise; or

• distribute follow-up information.

Our community will benefit from your help and support as we take this big step toward improving community readiness and health.

Please contact me at email/phone number if you would like to learn more and consider becoming a volunteer with our community POD team.

Thank you!

Sincerely,

(POD Manager Signature)