Volunteers are the lifeblood of Moffitt Cancer Center, providing crucial support services that are vital to the Center and the well-being of the patients. Every day, willing volunteers donate their time and energy so that Moffitt can fulfill its mission “To contribute to the prevention and cure of cancer”.

Filling a wide variety of roles throughout the many campuses, the impact of volunteers extends beyond the immediate needs they meet. Each and every assignment is valued and appreciated and the volunteers’ generosity of time and care leaves a lasting impression on all those they serve.

Before you apply, ensure that you are able to fulfill the role of a volunteer at Moffitt by reviewing the following.

Ask yourself:

- Am I at least 18 years of age or older and not enrolled in high school?
- Have I carefully considered my schedule and know that I can commit to a minimum of 6 months of service, for one 4 hour shift each week?
- Do I have a positive attitude and a sincere interest in the hospital and its mission?
- Will I treat my volunteer responsibilities with the same respect that I do work obligations?
- Do I enjoy working in new situations, taking on different duties, or helping in additional ways based on the needs of the people around me?
- Do I willingly agree to submit to a criminal background check, and understand that Moffitt Cancer Center does not accept volunteers performing court-ordered volunteer service?
- Will I remain professional at all times while volunteering and representing Moffitt Cancer Center?
- Can I accommodate the onboarding requirements:
  - Attend a formal interview with Moffitt Volunteer Services staff
  - Complete Volunteer Orientation and accompanying test sent via email, post-interview
  - Read and understand Moffitt’s Corporate Compliance Information, including but not limited to HIPPA privacy and confidentiality
  - Complete two TB Screenings (2 step process) upon program acceptance. Screenings are administered on site free, of charge
  - Complete Flu Immunization during designated Flu season.
- Will complete annual requirements such as influenza immunization, volunteer mandatory testing, etc.

GENERAL VOLUNTEER REQUIREMENTS:

1. Ability to stand for extended periods of time
2. Ability to lift up to 20lbs.
3. Must be able to comprehend and communicate oral and written instructions in English.
4. Have good interpersonal skills and communicate clearly and directly.
5. Be mature, dependable and reliable.
6. Maintain a good attitude.
7. Be caring, empathetic and non-judgmental.
8. Maintain weekly attendance.
Moffitt Cancer Center
Volunteer Program

Adult Program: anyone 18 years or older who is not currently enrolled in a post high school training program, college or university.

Student Program: anyone 18 years or older who is currently enrolled in an accredited training program, college or university; part or full time.

Pet Therapy Program: anyone 18 years or older and has a certified therapy dog with current health certificate can apply. A separate application is available by request. Please call 813-745-2254.

Summer Teen Program: Teen applicant information will be posted on Moffitt.Org in February 2018. *This is not the teen volunteer program application.

Volunteer applicants must commit to a minimum of 6 consecutive months of volunteer time for a minimum total of 60 hours of service. Volunteers are required to volunteer for a 4 hour shift each week on a set schedule. Weekend volunteering is not available. Moffitt volunteers are expected to be reliable, professional and available on a weekly basis. Multiple absences will result in termination from the volunteer program without eligibility to re-enter at a future date. Our volunteer program is competitive and there is always a waiting list, so dependability on a weekly basis is strictly required.

All Questions Require an Answer: If you do not have an answer (i.e. if you do not have a home phone) please put N/A in the answer field.

How to Apply: The packet includes the Application, Authorization for Background Report and 2 required Volunteer Reference Forms. Once the application packet is complete, turn it in to the Volunteer Services Office located on the ground floor of the main Center; across from the cafeteria. You may use the Red Valet to park. Applications should be placed in the black drop box located on the all outside of the Volunteer Services office at the address below. (USF students must park in designated USF parking areas).

If you prefer to mail it in, please send it to: Moffitt Cancer Center, mailstop MCC/VES, 12902 Magnolia Drive, Tampa, FL 33612-9497.

Please note: incomplete applications will be discarded
If you are willing to commit to the requirements listed previously, please submit your volunteer application. When a volunteer assignment opens up that matches your availability, we will call you to schedule an interview. Service area assignments are prioritized based upon Moffitt’s need.

Please arrive on time, and dress professionally for your scheduled interview.

Be absolutely sure your current availability is firmly in place prior to your interview.

Understand that after your interview and acceptance into our program, it may take several weeks to get started with your volunteer assignment.

Prospective College Student Volunteers:
Thank you for your interest in the volunteer opportunities at Moffitt Cancer Center. We are excited that you have chosen us for a potential volunteer position. We take pride in our program and the exceptional service our volunteers provide. Due to our location on the USF campus, we receive an abundance of student applications, and ask that you please review each requirement listed prior to moving forward in the application process.

Every application is reviewed upon receipt. When a volunteer service assignment opens up that matches your availability, you will be called for an interview. Placement is based upon Moffitt’s needs first. Due to the volume of applications received on a daily basis, only those candidates selected for interviews will be contacted.

Applications are kept active and on file for 60 days.

Our policies prohibit unlawful discrimination due to race, color, sex, sexual preference, religion, age, national origin, veteran status, disability, income level or any other characteristic protected by federal, state or local law or regulation.

Please contact the Volunteer Services Office at volunteerservices@moffitt.org or call 813-745-2254 if you have any questions.

Thank you for your interest in volunteering at Moffitt Cancer Center!
Volunteer Application:

Last Name                      First Name                      Middle Initial
Address (please provide complete current local address)
City                              State                              Zip
( _ _ _ ) _ _ _ - _ _ _ _               ( _ _ _ ) _ _ _ - _ _ _ _   Home Phone          Cell Phone
Email                              (Please print clearly, this is our primary way of contacting you.)

Please circle Adult or Student applicant:
Adult (Not currently enrolled in a post high school training program, college or university.)
Student (Currently enrolled in a training program, college or university.)
School currently attending, if applicable:

Please circle your availability: The more availability you can provide increases your opportunity for placement at Moffitt.

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**Please note:**

Volunteers are assigned to a specific service area - for a 4 hour shift - once a week - on a set schedule. Limited shifts are available during the 5:30-8am and 4-7pm time slot. No weekend shifts are available.
I am able to volunteer at the following locations:

- **MCC** - Moffitt Cancer Center—Magnolia Campus—(12902 USF Magnolia Dr, 33612)
- **MKC** - Moffitt Cancer Center-McKinley Campus (10902 N McKinley Dr , 33612)
- **MIP** - Moffitt International Plaza—Located near TIA— (4101 Jim Walter Blvd, 33607)

Complimentary shuttle service is provided to & from MCC and MKC

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**Emergency Information:**

- **Emergency Contact Name**
- **Contact Phone** 
  \((__ __) __ __ - __ __ __\)
- **Relationship (Sibling, Parent, Friend, Partner, etc.)**

Please list any special skills you have________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List all languages spoken (other than English) __________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Have you ever been convicted of any crime, pled guilty or no contest to any crime, or had a criminal adjudication withheld?  N / Y.

If yes, please explain:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Do you have any unresolved arrests, warrants or pending criminal charges against you?  N / Y.

If yes, please explain:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Why would you like to volunteer with Moffitt Cancer Center?

What would you like to gain from this experience?

List any previous volunteer or work experience:

Are you aware of any reason that would prevent you from volunteering on a consistent basis?

Any comments or suggestions you feel may be helpful at your interview.
Volunteer Reference Form

To the Volunteer Applicant: You must provide us with a completed reference form from two (2) separate people along with your application for volunteer service. People who can provide a reference include friends, co-workers, employers, neighbors, and academic instructors/teacher. Family members or individuals who share the applicant’s household may NOT serve as a reference.

To the Reference: Please complete the survey below and return it to the prospective volunteer so that he/she can include it with the application.

Applicant’s Name: _______________________________________________________________________________________

How do you know the applicant? _____________________________________________________________________________

How long have you known the applicant? ______________________________________________________________________

Please evaluate the application on each of the following areas:

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<th>Excellent</th>
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<th>Average</th>
<th>Fair</th>
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Ability to communicate clearly

Listening Skills

Ability to exhibit warmth, empathy, patience

Ability to problem-solve

Dependability (attendance, punctuality)

Ability to cope under pressure

Respect for others

Additional Comments:
___________________________________________________________________________________________
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___________________________________________________________________________________________
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___________________________________________________________________________________________

Reference Signature __________________________________________ Date ________________

Reference Print Name ________________________________ Title ________________________________

Phone: ________________________________ Email: ________________________________
Volunteer Reference Form

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_____________________________________________________                      ____________________________________________
Reference Signature                                      Date

_____________________________________________________
Reference Print Name                                      Title

Phone: ____________________________________________          Email: ________________________________________________
AUTHORIZATION FOR VOLUNTEER BACKGROUND CHECK

This document is provided in compliance with the Consumer Credit Reform Act of 1996, and the amended Fair Credit Reporting Act, and in support of H. Lee Moffitt Cancer Center & Research Institute, Inc.’s completion of a background screening program.

I hereby authorize H. Lee Moffitt Cancer Center & Research Institute, Inc, and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. The report will be generated by Universal Background Screening (7720 N 16th St., Suite 200, Phoenix, AZ 85020, 1-877-263-8033, http://www.universalbackground.com) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing H. Lee Moffitt Cancer Center & Research Institute, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: Verification of social security number; current and previous residences; employment history including all personal files; education; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records.

New York applicants or employees only: You have the right, upon written request, to be informed of whether or not an investigative report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting the agency. For your information, a copy of the New York Correction Law Article 23- A, “Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses,” can be found at http://www.labor.state.ny.us.

H. Lee Moffitt Cancer Center & Research Institute, Inc. is furnishing you with a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT in a form prescribed by the Federal Trade Commission.

I hereby release H. Lee Moffitt Cancer Center & Research Institute, Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release. You may contact me as indicated below.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of the documents. I hereby authorize the obtaining of “consumer reports” and/or “Investigative consumer reports” at any time after receipt of this authorization and throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of H. Lee Moffitt Cancer Center & Research Institute, Inc., and/or H. Lee Moffitt Cancer Center & Research Institute, Inc. itself. I agree that a facsimile ("fax"), photogenic or electronic copy of this Authorization shall be valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by H. Lee Moffitt Cancer Center & Research Institute, Inc. [ ]

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative report or consumer report if one is obtained by H. Lee Moffitt Cancer Center & Research Institute, Inc. at no charge whenever you have a right to receive such a copy under California law. [ ]
AUTHORIZATION FOR VOLUNTEER BACKGROUND CHECK

Please print clearly

Name: ____________________________________________

(First)    (Last)    (Middle)    (Maiden)

Former Name (s) and Dates Used: ____________________________________________

(Names)    (Dates Used)

Please check one: ( ) Female ( ) Male

Please check one: ( ) Single ( ) Married ( ) Domestic Partner ( ) Widow/Widower

ETHNICITY
Please check one: ( ) Hispanic ( ) Latino ( ) Spanish origin ( ) Prefer not to answer ( ) Non-Hispanic

RACE
Please check one: ( ) American Indian ( ) Asian ( ) Black or African American ( ) Ntv. Hawaiian or other Pac Islnd. ( ) White ( ) Two or more races ( ) Not Disclosed

Please list current local home address and permanent home address (if applicable):

Current: ____________________________________________

(Since:Mo/Yr) (Street) (City) (Country) (State) (Zip)

Permanent: ____________________________________________

(Since:Mo/Yr) (Street) (City) (Country) (State) (Zip)

Social Security # ________________________________ Date of Birth: _______________________

Signature ________________________________ Date: _______________________

If in the USA with a VISA, please provide:

Passport #: ________________________________ VISA Type: __________________ Class: ____________________