

Letter to Applicant

Thank you for your interest in the 2021 Summer VolunTeen Program. The Summer VolunTeen Program provides an opportunity to serve others and to be exposed to healthcare careers. Students ages 15 -17 (who have completed their first year of high school are eligible to apply). Due to the large number of students interested in the program, it is essential that you pay close attention to the information given to you and that you are aware of the application deadlines. There are limited spaces available and not all applicants meeting the requirements will be accepted. **Late or incomplete packets will not be considered.** Please make sure to provide your primary email address in the application. **The email address entered in your application is the email used for all program related communication.**

The VolunTeen Program will run from Tuesday June 1 – August 6, 2021. Each teen is required to volunteer one consistent day a week from 8:00am – 4:00pm, throughout the duration of the program. VolunTeens are allowed 1 absence day during the program. Additional volunteer hours may be available, based on the needs of the Center. Each VolunTeen assignment will provide a wonderful opportunity for students to learn and explore healthcare careers. While educational opportunities will be provided, this program is in no way a shadowing or internship experience.

Two things must happen for a complete submission:

- 1) Online application must be submitted during the electronic application period (April 26th – May 3rd). Applications are due by Monday, May 3, 2021 by 5pm.
- 2) Transcripts and essay portion of the Application Packet may be emailed to volunteerservices@moffitt.org. The two signed and sealed recommendation forms must be postmarked or dropped off at: Moffitt Cancer Center, Volunteer Services – GRD-VOL, 12902 Magnolia Drive, Tampa, FL 33612, **no later than 5:00pm on Friday May 7th.**

Interviews will be conducted May 11- May 15, 2021. Teens that are selected to participate will need to provide proof of negative TB screening from either the TB skin test (TST) or TB blood tests by May 19, 2021. If TB screening confirmation is not received by May 19, 2021, teens will forfeit their acceptance. **There will be no exceptions to the deadlines and requirements stated.**

- 1) Mandatory orientation for Moffitt VolunTeens will be held by Zoom on 3 separate dates:

Thursday May 20th, 10 am – 12 pm

Saturday May 22nd, 10 am – 12pm

Wednesday May 26th, 4 - 6pm

You must register prior to attending). **There will be no makeup dates given. If there are unavoidable conflicts with these dates, please do not apply to the 2021 Summer VolunTeen Program.**

Thank you for your interest in the 2021 Summer VolunTeen Program! Please contact Volunteer Services at (813) 745-2254 or VolunteerServices@Moffitt.org if you have any questions.

Sincerely,

LaWanda Byrd
Director, Volunteer Services

2021 Checklist for VolunTeen Application Packet

Check off each of the following as you complete them. Application submission order will be considered in the selection process. Good Luck!

- Complete the online application during April 26th – May 3rd.

- Review the application packet and read through additional forms with a parent. Discuss summer plans and whether you will be able to:
 - 1) Attend one Orientation Session: Thursday May 20th, 10 am – 12 pm
Saturday May 22nd, 10 am – 12pm
Wednesday May 26th, 4 - 6pm
 - 2) Commit to volunteering one full day for 7 hours each week from June 1st – August 6th.

- Ask one of your current core curriculum teachers and one adult (non-relative) to fill out a recommendation form for you. Be sure to give each person adequate time to complete the form. **Recommenders must put the form in a sealed envelope and sign across the seal. Unsigned & unsealed envelopes will not be accepted, resulting in an incomplete submission.** Place the recommendations and additional forms in a packet to be turned in to Volunteer Services. ***Note: Please have teachers return forms directly to YOU - they need to be submitted along with the other forms in your application packet.***

- Complete packets must contain the following items:**
 - **Choose only one (1) of the following topics for your essay submission. Essay must be typed and contain a minimum of 250 to no more than 500 words.**
 - Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.

 - Describe a problem you've solved or a problem you'd like to solve. It can be an intellectual challenge, a research query, an ethical dilemma—anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you took or could be taken to identify a solution.

 - Signed agreement and parental consent
 - 2 recommendation forms (sealed and signed across the envelopes)
 - Copy of high school transcript or last report card

- Packet must be received by May 7, 2021 by 5 PM. Place all forms in an envelope & mail or drop off:**

Moffitt Cancer Center
Volunteer Services – GRD-VOL
12902 Magnolia Drive
Tampa, FL 33612

If you are selected to participate in the program, you will be responsible for providing documentation of a completed TB screening by 5:00pm, May 19, 2021.

2021 VolunTeen Core Curriculum Teacher Recommendation Form

Applicant Information

Name	
Current Grade Level	
School	

Recommender Information

Name	
Position	
Phone Number	
E-Mail Address	

TO THE APPLICANT: Fill out the Applicant Information section and take it to a teacher whom you have asked to recommend you for our program. Forms must be returned to Volunteer Services in a **sealed envelope with the teacher's signature across the seal**, along with the rest of your application packet by **5:00pm on May 7, 2021**.

TO THE RECOMMENDER: Please answer the following questions about the student named above. The student is applying to the 2021 Summer VolunTeen Program at Moffitt Cancer Center. Moffitt is a very sensitive environment that requires a great deal of maturity and also the ability to adapt to new situations. We would appreciate your insight about the student's responsibility and dependability as well as his/her maturity. In addition, any comments that would help us to learn more about this student are welcomed.

Please make sure to place this form in a sealed envelope and sign across the seal. Please return this form to the applicant in time for it to be submitted to Volunteer Services by **5:00pm on May 7, 2021**.

On a scale from 1 to 5, rate the applicant on the following items:

1 = Strongly Disagree 2 = Disagree 3 = Unknown 4 = Agree 5 = Strongly Agree	
I know the applicant very well.	1 2 3 4 5
I can depend on the applicant to complete assigned task without prompting.	1 2 3 4 5
The applicant acts maturely around both his/her peers and adults.	1 2 3 4 5
The applicant will have no trouble adhering to all policies & procedures, including the restriction of cell phone usage on Moffitt property.	1 2 3 4 5
There are no behavioral issues with the applicant.	1 2 3 4 5
The applicant adapts well to new situations.	1 2 3 4 5
The applicant would have no problem dedicating their summer to others and fulfilling a 49 hour volunteer requirement.	1 2 3 4 5

Comments:

Recommender's Signature

Date

2021 VolunTeen Adult (Non-Relative) Recommendation Form

Applicant Information

Name	
Current Grade Level	
School	

Recommender Information

Name	
Relationship	
Phone Number	
E-Mail Address	

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The applicant would have no problem dedicating their summer to others and fulfilling a 49 hour volunteer requirement.	1 2 3 4 5

Comments:

Recommender's Signature

Date

2021 Agreement and Parental Consent

Applicant Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a VolunTeen, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Name: _____

(Please Print)

Student Signature: _____ Date: _____

Parental Consent

I, _____, have read all registration information and consent to allow
(Please Print Parent/Guardian Name)

my child, _____, to apply and to be considered for the 2021 Summer
(Please Print Student Name)

VolunTeen Program.

Signature: _____ Date: _____

Parental Contact Information

Telephone Numbers

Home: _____

Cell: _____

Work: _____