

## Letter to Applicant

Thank you for your interest in the 2024 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 *at the time of application* 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 the student's primary email address in the application and are checking the email often. *The email address entered in your application is the email used for all program related communication.*

The VolunTeen Program will run in two 4-week sessions (Summer A or B), Monday – Thursday, 8 am – 1pm each week. Teens will volunteer 3 days per week, and will participate in either Summer A OR B, not both.

- **Summer A Session** will run from Monday June 3-Thursday June 27
- **Summer B Session** will run from Monday July 8- Thursday August 1

The 2024 Moffitt Summer VolunTeen will provide teens a unique chance to learn about the innerworkings of Moffitt Cancer Center. During the summer program, teens will volunteer with one-to-three departments, learning the ins and outs of the hospital. 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.

### **Three things must happen for a complete submission:**

- 1) Electronic application must be submitted during the electronic application period (February 5-19). Applications are due by Monday February 19, 2024 by 4pm.
- 2) Applicant Packet must be emailed to [volunteerservices@moffitt.org](mailto:volunteerservices@moffitt.org) by Friday, March 1 at 4pm. Due to the large number of packets, staff can only confirm that packets have been received. We cannot confirm the accuracy of packet submission. In person submissions will not be accepted.
- 3) Students are asked to provide contact information for a core curriculum teacher and one adult (non-relative on the application). Recommenders will be contacted with the recommendation form by Volunteer Services when VolunTeen applications are received. Recommenders must email or scan the completed form back to [VolunteerServices@moffitt.org](mailto:VolunteerServices@moffitt.org) by Friday, March 1, at 4pm. Applications without Recommendation Forms will not be accepted.

### Additional Information:

- Interviews will be conducted virtually the weeks of March 11th and 18<sup>th</sup>, between 8am and 3pm. More information will be forthcoming about scheduling your interview once completed packets are verified.
- Selection notifications will be communicated on or before **Monday, April 1.**
- Teens that are selected to participate will need to provide the following records:
  - Proof of a negative QuantiFERON (QFT) blood test within 1 year.
    - TB Skin test will not be accepted.
  - Immunization records:

- Proof of (2) MMR vaccines (Measles, Mumps & Rubella) **OR** a lab titer showing evidence of immunity.
- Proof of (2) Varicella vaccines (Chicken Pox) **OR** a lab titer showing evidence of immunity.
- Proof of a completed Hepatitis B vaccine series **OR** a lab titer showing evidence of immunity.
- Mandatory orientation for Moffitt VolunTeens will be held on June 3, 2023 for session A, and July 8 for session B. Attendance is mandatory to participate in the program.

Thank you for your interest in the 2024 Summer VolunTeen Program! Please contact Volunteer Services at (813) 745-2254 or [VolunteerServices@Moffitt.org](mailto:VolunteerServices@Moffitt.org) if you have any questions.

Sincerely,  
LaWanda Byrd  
Director, Volunteer and Retail Services

## **2024 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 by **Monday, February 19, 2024 by 4pm.**

Return applicant packet via email by **Friday, March 1 at 4pm.**

Recommendation forms are to be emailed to [volunteerservices@moffitt.org](mailto:volunteerservices@moffitt.org) . Recommendations must be one of your current core curriculum teachers and one adult (non-relative). *Please inform your references that Volunteer Services will be reaching out via email with the recommendation form. Recommenders must directly email reference letters to [volunteerservices@moffitt.org](mailto:volunteerservices@moffitt.org) by Friday, March 1 at 4pm; letters emailed to us by the applicants will NOT be accepted.*

**Completed 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, signed parental consent, and signed media consent form.
- 2 recommendation forms, emailed directly to [volunteerservices@moffitt.org](mailto:volunteerservices@moffitt.org) by the recommenders, *not* by the applicant. Recommendation letters emails to us by the applicant will NOT be accepted; these must be submitted by the teacher and non-relative. Recommendation forms must be received via email (to [volunteerservices@moffitt.org](mailto:volunteerservices@moffitt.org)) by Friday, March 1, 2024 at 4pm
- Copy of high school transcript or last report card

Packet must be received via email (to [volunteerservices@moffitt.org](mailto:volunteerservices@moffitt.org)) by Friday March 1, 2024 at 4pm.

# **2024 Agreement and Parental Consent**

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## **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: \_\_\_\_\_

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## **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 2024 Summer  
(Please Print Student Name)

VolunTeen Program.

Telephone Numbers

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

# Moffitt Cancer Center Consent for Creation and Use of Media

(Non-Patient)

1. I understand that the mission of the H. Lee Moffitt Cancer Center and Research Institute, Inc. and its subsidiaries (collectively, the "Cancer Center") is to contribute to the prevention and cure of cancer. In furtherance of this mission, I understand that I have been selected by the Cancer Center to be photographed, video or audio recorded but that I am not required to consent to such recordings. I am doing so voluntarily. I further acknowledge that any views I express are all of my own free will.

2. I understand that by signing this Consent for Creation and Use of Media (the "Consent"), I grant to the Cancer Center, its affiliates, employees, assignees, and any person acting under its permission the absolute and irrevocable right and permission to photograph, film, videotape, record and portray my name, voice testimonial, portrayal, any personal items (e.g. photos, belongings, etc.) used during the media production and/or likeness (the "Recordings") and to use the results and proceeds thereof, to use, broadcast, distribute, publish the Recordings for any purpose, including, but not limited to, promotional material, website content, advertising, fundraising and publicity during my life as well as posthumously. The Recordings can additionally be used for: \_\_\_\_\_.

3. I hereby grant, assign, and transfer any rights and interests I may have to the Recordings to the Cancer Center. I authorize the Cancer Center to register copyright or have registered, or in any other manner legally register and protect the Recordings.

4. I agree to release and hold harmless the Cancer Center, its affiliates, employees, assignees, and any person acting under its permission, from, and defend it against, any liabilities, claims and other expenses related to the taking of the Recordings, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, defamation, invasion of rights of privacy, rights of publicity, intrusion, false light, public disclosure of private facts, misappropriation of name or likeness, physical or emotional injury or distress or any similar claim or cause of action in tort, contract or any other legal theory, now known or hereafter known in any jurisdiction throughout the world (collectively, "Claims") arising directly or indirectly from the Cancer Center's exercise of their rights under this Consent and the use and exploitation of the Recordings, and whether resulting in whole or in part by my negligence or any other persons. I further agree that the Cancer Centers' use of the Recordings and the rights and license granted hereunder do not, and will not, violate any right of, or conflict with or violate any contract with or commitment made to, any person or entity, and that no consent or authorization from, or payment to, any third party is required in connection herewith. I agree to defend, indemnify and hold harmless the Cancer Center from and against all Claims by third parties resulting from my breach of any of the foregoing.

5. I agree that I am not being compensated for the Recordings nor will I seek to be compensated for any of the above. I waive all rights, interest, or claims for payment in connection with any use, reproduction, exhibition, sale or release of the Recordings by the Cancer Center.

6. I understand that I can revoke this Consent and request the cessation of the production of the Recordings. If I revoke this Consent, the Cancer Center will accommodate my request to the extent required by law, provided action has not been taken in reliance on this Consent.

By signing below, I certify that I have read and understand this Consent and agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Signature of Legal Representative \_\_\_\_\_

Printed Name of Legal Representative \_\_\_\_\_

Relationship to Signatory \_\_\_\_\_