



Winthrop P. Rockefeller
Cancer Institute

APPLICATION DEADLINE: April 28, 2023

INTERVIEW DEADLINE: May 12, 2023

Program dates: June 26-30, 2023

9:00am- 3:30pm

AUXILIARY

Summer Teen Week Volunteer Program Application

I. CONTACT INFORMATION

DATE _____

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____ (provide an email you will check!)

BIRTHDATE _____ SOC. SEC. NUMBER (required) _____ T-SHIRT SIZE _____

PARENT/GUARDIAN'S NAME(S) _____

PARENT/GUARDIAN'S ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE) _____

NAME/RELATIONSHIP _____ PHONE _____

II. EDUCATION

School _____ Grade (2022-2023) _____

Are you 16 years of age or older? Yes No

III. REFERENCES (REQUIRED)

Personal References:

On school or organization letterhead, supply a letter of reference from a teacher, club sponsor, principal or counselor. References **may not** be family members. Letters may be faxed to 501-686-8347 or mailed to our office (see address below). *Failure to submit reference letters by application deadline will result in termination of application.*

Please list any friends or relatives working for UAMS or the Winthrop P. Rockefeller Cancer Institute:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

IV. PAST VOLUNTEER EXPERIENCE

(1) Organization _____ Phone _____

Address (City & State) _____ Supervisor _____

Dates Volunteered _____ Describe your work _____

(2) Organization _____ Phone _____

Address (City & State) _____ Supervisor _____

Dates Volunteered _____ Describe your work _____

V. INTEREST

Why are you interested in volunteering at the Cancer Institute?

VI. TIME TO VOLUNTEER

*Please understand that we will make every effort to accommodate scheduling, however spaces are limited and full participation in the assigned program will be obligatory. **Since it is only one week-All 5 days are mandatory.**

VII. VOLUNTEER/PERMISSION AGREEMENT

Read carefully. For your application to be considered, you and your parent/guardian must sign and date the form in the spaces below.

I hereby apply to the Winthrop P. Rockefeller Cancer Institute for volunteer assignments, and, if accepted, I agree to keep all rules and regulations and perform all duties assigned to me to the best of my ability according to the prescribed philosophy of the Cancer Institute. **I agree to attend the full length of the program.** I understand and agree that if I become a volunteer, I will be a volunteer "at will." I give permission for a background check to be run. The Cancer Institute may end the relationship at any time if I do not abide by the program rules and regulations. I also agree that nothing in the Cancer Institute's policies, rules, regulations or handbook changes this relationship, nor may it be construed as a contract of employment.

Signature _____ Date _____
(Student)

I hereby grant permission for my daughter/son to apply to this program, and I understand that if my daughter/son is accepted, I will be responsible for her/his daily transportation during the program.

Signature _____ Date _____
(Parent/Guardian)