



JUNIOR VOLUNTEER APPLICATION

Junior volunteers must be at least 16 years old. We request a six-month commitment. If you cannot make this commitment, please do not apply.

Please print and complete the following form. Make a copy for your records, and mail the original to the address at the bottom of page 2. Follow the directions for the Volunteer Reference forms that follow.

Name _____

Contact info: Home phone _____ **Please check the best way to contact you.**

Cell phone _____ OK to text this number

E-mail address _____

Street address _____

Date of birth _____ School _____

Why are you interested in volunteering at Huntsman Cancer Institute?

What days and times are you available?

What volunteer service do you prefer?

I understand that permanent assignment to a service depends on Huntsman Cancer Institute's continued need for the service and satisfaction with the assignment, as well as my performance.

By checking this box, I confirm that the statements above are true, to the best of my knowledge.

Date _____

Your parent or guardian must give permission for you to volunteer. Please have your parent or guardian complete and sign the other side of this form.

We must also receive recommendations from **two persons who are not members of your family**. After you have written your name in the first blank of the two forms on the following pages, please give printed copies to the two persons from whom you are requesting recommendations. They will complete the forms and mail them to us separately.

Parent or Guardian Information

Name _____

Contact info: Home phone _____ **Please check the best way to contact you.**

Cell phone _____ OK to text this number

E-mail address _____

Mailing address _____

Emergency contact _____

Phone _____ Relationship to volunteer _____

I give permission for my child or ward to volunteer at Huntsman Cancer Institute. I understand that times for volunteer work will be designated by the assigned department. I also give consent for University of Utah Health Care to provide medical treatment for my child or ward in case of emergency.

I hereby certify that the information above is true and accurate, to the best of my knowledge.

Print name _____ Signature _____

Date _____

Please mail this application to: Huntsman Cancer Institute
 Attn: Volunteer Services
 1950 Circle of Hope
 Salt Lake City, UT 84112

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VOLUNTEER RECOMMENDATION

To whom it may concern:

_____ has applied to become a volunteer at Huntsman Cancer Institute and has requested that you provide a personal recommendation.

The mission of Huntsman Cancer Institute is to understand cancer from its beginnings, to use that knowledge in the creation and improvement of cancer treatments, to relieve the suffering of cancer patients, and to provide education about cancer risk, prevention, and care.

We strongly believe that volunteers play an integral role in providing excellent patient care. Therefore, our department is committed to selecting individuals whom we feel will interact with patients and families in a caring and responsible manner. For this reason, we require personal references for each potential volunteer.

Please complete the following questionnaire within the next seven days, because applications cannot be considered until we have your recommendation in hand. When you have filled out the form, please mail it directly to this address:

Huntsman Cancer Institute Volunteer Services
1950 Circle of Hope
Salt Lake City, Utah 84112

Thank you for your help!

How long have you known the applicant named above?

In what capacity?

Please describe the applicant's reliability, self-motivation, and ability to make a commitment to this volunteer position.

Would you recommend this person for a volunteer position working directly with cancer patients at

Huntsman Cancer Institute?

Is there anything about this person's values or behavior that would be of concern in considering him or her for a volunteer position at Huntsman Cancer Institute?

Please include any additional comments you may have.

Signature _____ Date _____

Print Name _____

Phone Number _____

All information you provide will remain confidential. Thank you again for your help.

Huntsman Cancer Institute
Volunteer Services
1950 Circle of Hope
Salt Lake City, Utah 84112
801-581-7169



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