Cincinnati Children's

change the outcome®

Dear Volunteer Applicant,

Thank you for your interest in volunteering at Cincinnati Children's. The generous gift of time from each of our volunteers truly makes a difference to the children, families and staff at our hospital.

The majority of our volunteer positions involve working with children or families. Working this closely with patients requires thorough screening and training.

1. **Application**: Complete and return the enclosed application to Volunteer Services.
2. **References**: Be sure to include complete information for each reference. Reference forms will be mailed out once our office has received your application. Please ask your references in advance to mail back the forms as soon as possible.
3. **Interview**: After both of your references have been returned, someone from our office will contact you to schedule an interview. <u>If you do not hear from us in a reasonable amount of time, please contact your references to make certain they have submitted their responses.</u>
4. **Medical Requirements**: All necessary medical information will be discussed during the interview. These requirements include but are not limited to:
    - Results of two TB tests within the past six months or QuantiFERON blood test
    - Copy of two MMR vaccines OR proof of immunity to Measles, Mumps and Rubella
    - During flu restrictions, documentation of a flu vaccine
5. **Orientation**: You must complete a mandatory volunteer orientation before you can begin volunteering.
6. **Commitment**: We ask for a commitment within one year of at least 100 hours if you are an adult and 50 hours if you are a year-round college student.

Through the application and interview process, Volunteer Services hopes to secure a placement that is both beneficial to the hospital and rewarding to the volunteer. If you have any questions, please feel free to contact our office at 513-636-4396.

Thank you for your interest in Cincinnati Children's Hospital Medical Center.

Sincerely,

Volunteer Services Department

Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue, Cincinnati, OH 45229-3039 | 513-636-4200 | www.cincinnatichildrens.org
An Equal Opportunity Employer

Office Use
Date Received_____

Interview Date_____

APPLICATION FOR APPOINTMENT TO VOLUNTEER SERVICES

Volunteers of Cincinnati Children's Hospital Medical Center and applicants for volunteering shall be afforded equal opportunity in all aspects of volunteering without regard to race, color, religion, national origin, disability, political affiliation, sex, or age.

PERSONAL

Date_____ Social Security No._____ Date of Birth _____
Month Day Year

Name_____
Last First Middle

Mailing
Address_____
No. & Street City State Zip Code

Cell Phone_____ Home Phone_____
(area code and number) (area code and number)

Email Address _____

Permanent Address if different from above _____

Emergency
Contact_____
Name Telephone # Relationship

Do you have any limitations related to health? _____

Check the Times You are Available:

(Evening and weekend assignments are not always immediately available)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

EDUCATION

Name of High School: _____

Name of College/University: _____ Major: _____

CURRENT EMPLOYER

Company: _____ Job Title: _____ Phone No._____

_____
Street Address City State Zip Code

_____
Supervisor's Name Phone No. Department

Please list major duties and responsibilities_____

_____

CHARACTER REFERENCES

Supervisors, co-workers, teachers, friends or extended family (limit of one relative) who have known you for at least one year. Please write clearly. We need complete email and street addresses or this application will be returned to you for the required information. Your reference forms will be sent once your application is received in Volunteer Services.

1. _____
Name Address City State Zip

Telephone:_____ Email Address:_____Occupation:_____

2._____
Name Address City State Zip

Telephone:_____ Email Address:_____ Occupation:_____

ADDITIONAL REMARKS

Please comment on previous volunteer experience, hobbies, interests, special skills, or additional information which will aid in assessing your potential as a volunteer at Cincinnati Children's Hospital Medical Center. Please write on the back of this page if more room is needed.

What would you like to accomplish as a volunteer at Cincinnati Children's?

CRIMINAL BACKGROUND CHECK DISCLOSURE

Cincinnati Children's Hospital Medical Center (CCHMC) is committed to improving child health. As part of our employment screening process, criminal background checks are conducted for all candidates. Criminal background checks promote a safe environment and help protect our patients, families, employees, property and information.

Please explain below any felony and/or misdemeanor convictions in Ohio or anywhere else. This includes any offenses to which you plead "no contest" and those where a judge has made an alternative finding (such as "pre-trial diversion," "adjudication withheld," or "deferred judgment"). Juvenile records, expunged offenses, and sealed records also must be disclosed, and are not an exception in our background check procedure. CCHMC can access **all** of your conviction history. Note that the only type of offense that you do not have to disclose is a misdemeanor traffic offense (like a parking or speeding ticket) unless your job would involve driving for CCHMC.

If you aren't sure or have a question about whether something should be disclosed, you should **disclose it**. If you have *not* been convicted of or pleaded guilty to a felony or misdemeanor, please indicate "none."

CONVICTION	DATE	OUTCOME

In connection with my employment at CCHMC, I authorize background checks of my criminal history. I release CCHMC from all liability resulting from the furnishing of the information. I certify that my disclosures are true and complete to the best of my knowledge. I understand that any false statement or failure to disclose may eliminate me from further consideration for employment or result in termination of employment.

Print Name _____ Signature _____ Date _____

***** PLEASE ENSURE THAT YOU READ BOTH PAGES OF THIS DISCLOSURE. *****

CRIMINAL BACKGROUND CHECK DISCLOSURE

The offenses listed below are a partial list of Ohio offenses that will prohibit you from working at Cincinnati Children's Hospital Medical Center. Similar federal or other state offenses also are disqualifying. Certain positions have additional disqualifying offenses.

Abduction
Aggravated Arson
Aggravated Assault
Aggravated Burglary
Aggravated Menacing
Aggravated Murder
Aggravated Robbery
Aggravated Theft
Aiding Escape
Arson
Assault
Assaulting Police Dog
Breaking and Entering
Burglary
Carrying Concealed Weapons
Coercion
Compelling Prostitution
Compounding a Crime
Contributing to Unruliness of a Child
Corrupting Another with Drugs
Criminal Simulation
Cruelty to Animals
Deception to Obtain a Dangerous Drug
Deception to Obtain Matter Harmful to Juveniles
Defrauding a Rental Agency
Defrauding Creditors
Discharge of a Firearm
Disclosure of Confidential Information
Disrupting Public Services
Disseminating Matter Harmful to Juveniles
Domestic Violence
Endangering Children
Engaging in a Pattern of Corrupt Activity
Enticement or Solicitation to Patronize a Prostitute; Procurement of a Prostitute for Another
Escape
Ethnic Intimidation
Extortion
Failing to Provide for a Functionally Impaired Person
Felonious Assault
Forging Identification Cards or Selling or Distributing Forged Identification Cards
Funding Drug Trafficking
Gross Sexual Imposition
Having Weapons While Under Disability
Human Trafficking
Identity Fraud
Illegal Administration of a Veterinary Drug
Illegal Administration of Distribution of Anabolic Steroids
Illegal Assembly or Possession of Chemicals for the Manufacture of Drugs
Illegal Conveyance of Weapons or Prohibited Items onto Grounds of Detention Facility or Institution
Illegal Conveyance or Possession of Deadly Weapon in Courthouse
Illegal Conveyance or Possession of Deadly Weapon in School Safety Zone
Illegal Dispensing of Drug Samples
Illegal Manufacture of Drugs
Illegal Processing of Drug Documents
Illegal Use of a Minor In Nudity-Oriented Material or Performance
Illegal Use of SNAP or WIC Program Benefits
Impersonation of Peace Officer
Importuning
Improperly Discharging Firearm at or Into Habitation or School
Improperly Furnishing Firearms to a Minor
Inciting Violence
Inducing Panic
Insurance Fraud
Interference with Custody (would have been Child Stealing if committed prior to 7/1/96)
Involuntary Manslaughter
Kidnapping
Making Terrorist Threat
Medicaid Fraud
Menacing
Menacing by Stalking
Misuse of Credit Cards
Murder
Obstructing Justice
Pandering Obscenity
Pandering Obscenity Involving a Minor
Pandering Sexually Oriented Matter Involving a Minor
Participating in a Criminal Gang
Passing Bad Checks
Patient Abuse or Neglect
Patient Endangerment
Permitting Child Abuse
Permitting Drug Abuse
Personating an Officer
Placing Harmful Objects in Food or Confection
Possession of Drugs
Prohibitions Concerning Companion Animals
Promoting Prostitution
Prostitution; after positive HIV test
Public Indecency
Rape
Receiving Stolen Property
Reckless Homicide
Riot
Robbery
Securing Writings by Deception
Sexual Battery
Sexual Imposition
Soliciting
Soliciting or Providing Support for Act of Terrorism
Tampering with Drugs
Tampering with Evidence
Tampering with Records
Telecommunications Fraud
Terrorism
Theft
Trafficking in Drugs
Two or More OVI or OVUAC Violations committed within 3 years immediately preceding the submission of the application
Unauthorized Use of a Vehicle
Unauthorized Use of Property - computer, cable, or telecommunication property
Unlawful Abortion
Unlawful Abortion upon a Minor
Unlawful Conduct with Respect to Documents
Unlawful Display of Law Enforcement Emblem
Unlawful Distribution of an Abortion Inducing Drug
Unlawful Sale of Pseudoephedrine Product
Unlawful Sexual Conduct with a Minor, formerly Corruption of a Minor
Voluntary Manslaughter
Voyeurism
Workers' Compensation Fraud

***** PLEASE ENSURE THAT YOU READ BOTH PAGES OF THIS DISCLOSURE. *****

ACKNOWLEDGEMENT

As a volunteer at CCHMC:

1. I will be punctual and conscientious in the fulfillment of my responsibilities and if for any reason I cannot serve at the assigned time, I will notify the volunteer office.
2. I will commit to at least one hundred hours if I am an adult or fifty hours if I am a year-round college student of volunteer time within one year.
3. I will consider as CONFIDENTIAL all information concerning patients, which I hear directly or indirectly. I will not seek information regarding patients and families.
4. I will take any problems, criticisms, or suggestions to the director of Volunteer Services.
5. I will uphold the standards and policies of Cincinnati Children's Hospital Medical Center.
6. I will return my CCHMC I.D. badge when I stop volunteering.
7. I certify that the facts and information provided by me on this application are true and complete and I agree that, if selected to volunteer, incorrect, incomplete or falsified information will be grounds for discontinuing my relationship with Cincinnati Children's Hospital Medical Center regardless of when discovered.
8. I authorize Cincinnati Children's Hospital Medical Center to investigate all statements made herein or in my interviews and to obtain conviction records, make volunteer reference checks and obtain any other information relevant to my volunteering. I release Cincinnati Children's Hospital Medical Center and all parties from any and all liability for any damages that may result from obtaining or furnishing such information.
9. I agree to observe all present and subsequently issued volunteer policies and procedures. I understand that such policies and procedures do not constitute a contract of volunteering between me and Cincinnati Children's Hospital Medical Center, and that Cincinnati Children's Hospital Medical Center may revise its policies and procedures at any time.
10. I understand that Cincinnati Children's Hospital Medical Center maintains a drug-free workplace as required by the Drug-Free Workplace Act of 1988. I understand that the unlawful manufacture, distribution, sale, possession, or use of controlled substance or illegal drugs by Cincinnati Children's Hospital Medical Center's volunteers is prohibited on Cincinnati Children's Hospital Medical Center time and in and on Cincinnati Children's Hospital Medical Center's owned or controlled property.
11. I understand that Cincinnati Children's Hospital Medical Center is tobacco/smoke free and tobacco odor is not permitted. I must be completely free of tobacco odor.
12. I understand the Volunteer Department is not obligated to provide a placement, nor am I obligated to accept the position offered.

_____ _____

Signature Date

Return completed application to:
Cincinnati Children's Hospital Medical Center
Volunteer Services
3333 Burnet Ave. ML 2027
Cincinnati, OH 45229