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
    - 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 attend a mandatory volunteer orientation before you can begin volunteering. Orientations are held once a month and will be discussed during your interview.
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

OFFICE USE
App. Rcvd _____
Ref. Letters Sent _____
Int. 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

Telephone Number_____ Daytime Telephone Number_____
(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

	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, clergy, or extended family (limit of one relative) who have known you for at least one year. Please write clearly. We need complete mailing address, street, city and zip code or this application will be returned to you for the required information. Your reference forms will be mailed out 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?

SECURITY INFORMATION

Have you ever been convicted of or pleaded guilty to a felony or misdemeanor resulting in imprisonment or a fine over $500.00? Yes_____ No_____ I have resided in the state of Ohio for the last five years. Yes_____ No_____ (Note: conviction will not necessarily disqualify an applicant; falsification to this answer will lead to withdrawal of the offer or termination for volunteering.) Fingerprinting/background check will be done on all CCHMC volunteers 18 years of age and older.

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. At that time I will collect my security deposit.
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 understand that I am responsible for the cost of the required documentation for measles, mumps, rubella and Varicella zoster virus along with a current TB test (TB tests need to be updated each year). Additional expenses related to specialized testing or follow up by my private physician will be my responsibility.
9. 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.
10. 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.
11. 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.
12. I understand as of January 2007, Cincinnati Children's Hospital Medical Center is tobacco/smoke free and tobacco odor is not permitted. I must be completely free of tobacco odor.
13. 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