To be considered for acceptance, the following items on the checklist must be turned in by the deadline (listed on next page):

- Online portion of application
- Application
- Personal essay
- Recommendation form completed by a teacher and returned to you in a sealed envelope
- Letter of Recommendation written by someone outside of school, excluding family members or guardians
- Completed Medical Requirement Form
- Completed Criminal History Background Form
Spring 2020 Important Dates

The spring session runs from January 13, 2020 through May 17, 2020. We require that you miss no more than four (4) scheduled shifts during the session. If you have travel plans, a sport/extracurricular schedule, or a job that would prevent you from regular, weekly attendance, please consider another organization. If you miss more than four (4) times you will not be invited back for future sessions or receive a report of your hours.

→ **Last day to turn in application:** Friday, October 4, 2019 by 4pm in the MAIN office.

→ **The packet must be in the Volunteer Services office before 4pm on October 4, 2019! Applications are ONLY accepted at the Main campus. Applications turned in at neighborhood locations will not be considered.**

Ways to submit your application:

1. Hand deliver to Volunteer Services at the MAIN CAMPUS – Building F
2. Mail to: Cincinnati Children’s Volunteer Services
   3333 Burnet Avenue MLC 2027
   Cincinnati, OH 45229

**HAND DELIVERY RECOMMENDED**

***All postal mail, including FedEx overnight, etc. goes to the hospital mailroom for processing rather than directly to our office. Therefore, please plan accordingly. To be eligible applications must be in the Volunteer Office at the Main Campus by 4pm on Friday, October 4, 2019.***

PLAN TO CHECK YOUR EMAIL THE WEEK AFTER THE APPLICATION DUE DATE TO FIND OUT IF YOU’VE BEEN ACCEPTED.

→ **Mandatory information session:** Tuesday, October 15, 2019 from 6-8pm at the MAIN campus. A parent or guardian MUST attend the session with you. No exceptions will be made for sports, travel, school functions, etc.

→ **Mandatory orientation:** Monday, December 9, 2019 from 4-6pm at the LIBERTY campus. You will attend this session ALONE and you must stay for the entire two hours. No exceptions will be made for sports, travel, school functions, etc.
Dear Applicant,

Thank you for your interest in the Junior Volunteer Program at Cincinnati Children's Hospital Medical Center. There is a tremendous interest in volunteering, therefore we often receive more applications than we can accept. Our goal is to provide the most qualified candidates with placement that is satisfying to them as a volunteer, while being helpful to our patients, families and staff. With this in mind, please consider the following guidelines.

As a prospective Junior Volunteer, are you able to:

1. Volunteer the same day/time each week for a 2 to 3 hour shift? **Most availability is Monday through Friday. We have very limited weekend opportunities.**
2. Volunteer the duration of the session, missing no more than FOUR/TWO scheduled shifts? (dates listed on previous page)
3. If invited, attend the Mandatory Information Session WITH your parent or guardian? (date listed on previous page) **No exceptions will be made for sports, travel, school functions, etc.**
4. If invited to schedule an interview you must bring the following information documented by your physician to your scheduled interview:
   - Result of a Tuberculosis (TB) screening test done within the past 6 months. Accepted tests include 2-step skin test, Quantiferon blood test, or t-spot test. **The results of the test must be documented on a form that we will give you at the Mandatory Information Session. Please wait until you have this form before you schedule the TB test.**
5. Attend a 2 hour orientation BY YOURSELF (date listed on previous page) from 4-6pm? **You must stay for the entire orientation. No exceptions will be made for sports, travel, school functions, etc.**

If you can meet these guidelines, we look forward to receiving your application. If your packet is only partially complete it will not be considered for acceptance.

Thank you,

**Volunteer Services**
Amy Biersack, Director
Jess Obert, Volunteer Specialist
Molly Gilbert, Volunteer Specialist
Juli Kiefer, Volunteer Coordinator
CINCINNATI CHILDREN’S VOLUNTEER APPLICATION
Spring 2020
Junior Volunteer Application

Please print clearly. If we cannot read your information, we cannot accept your application.

Date: ________________
Name: ____________________________________________ Nickname: ______________ Gender: ______________
Last, First
Social Security #: ___________________________________ Date of Birth: _____________________________
(REQUIRED) Month/Day/Year
Mailing Address: ____________________________________________
Address City State Zip Code
Applicant’s Cell Phone: ____________________________ Home Phone: ____________________________
Applicant’s Email Address (WRITE CLEARLY): ____________________________
Current school attending: ____________________________________________
Hobbies & Interests: ____________________________________________
Volunteer experience: ____________________________________________
Emergency Contact Information: ____________________________
Name Relationship to applicant
________________________________ Phone Number Email address
I understand that I must have completed 9th grade by my start date and I must be 15 years old by December 1. Yes ___

PREFERRED LOCATION TO VOLUNTEER
Rank in order of preference

<table>
<thead>
<tr>
<th>Anderson</th>
<th>Hopple Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Hill</td>
<td>Liberty Campus</td>
</tr>
<tr>
<td>Drake</td>
<td>Main Campus</td>
</tr>
<tr>
<td>Eastgate</td>
<td>Mason</td>
</tr>
<tr>
<td>Fairfield</td>
<td>Northern KY</td>
</tr>
<tr>
<td>Green Twp</td>
<td></td>
</tr>
</tbody>
</table>

Office Use
Date Received ________________
Interview Date ________________
Junior Volunteer Commitment

As a candidate for the Junior Volunteer Program at Cincinnati Children’s Hospital Medical Center:

1. I understand that if invited to the Information Session that it is mandatory to attend this meeting with a parent/guardian in order to receive an interview for a volunteer position.
2. I understand if interviewed and accepted I must attend Volunteer Orientation by myself.
3. I will be on time for my shift. If I can’t come in for any reason at my assigned time I will notify the Volunteer Office. If I am a volunteer at Liberty or a neighborhood location I will also contact my site supervisor.
4. I understand that I am permitted to miss no more than FOUR/TWO (4/2) scheduled volunteer shifts. If I miss more than FOUR/TWO times, I will not get a copy of my volunteer hours and I will not be allowed to volunteer in future sessions.
5. I understand that on the day of my scheduled interview I need to bring my completed TB Medical Requirement form, which I will receive if invited to the Mandatory Information Session.
6. I will consider as CONFIDENTIAL all information that I may hear directly or indirectly concerning patients or their families.
7. I will conduct myself with dignity, courtesy and consideration for others.
8. I will endeavor to make my work of the highest quality.
9. I understand that Cincinnati Children’s 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 volunteers is prohibited on Cincinnati Children’s time and in or on Cincinnati Children’s owned or controlled property.
10. I understand that in consideration of patients, Cincinnati Children’s maintains a smoke-free workplace. While volunteering my entire person, including clothing, must be free of smoke.
11. I certify that the facts and information provided by me on this application and in my volunteer interview are true and complete. I agree that if accepted as a volunteer, incorrect, incomplete, or falsified information will be grounds for dismissal regardless of when discovered.
12. I agree to observe all Cincinnati Children’s policies and procedures for volunteering at all times.

________________________________________  _______________________________
Date                                      Student Signature
________________________________________  _______________________________
Date                                      Parent/Guardian Signature

**For the parent/guardian of 15 to 17 year old applicants**

I give permission for ________________________________ to serve as a Junior Volunteer at Cincinnati Children’s. I have also reviewed the Criminal Background Disclosure and can attest to its truthfulness.

Signature: ________________________________ Date: ________________________________

Parent/Guardian
Dear Teacher,

has applied for the Junior Volunteer Program at Cincinnati Children’s Hospital Medical Center. Your observations are an important part of this student’s application and will be kept confidential. **Please put the completed form in a sealed envelope. Please circle the best answer in each category.**

### Personal Qualities

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude toward school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td>Always cooperates</td>
<td>Cooperates</td>
<td>Sometimes cooperates</td>
<td>Poor</td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td>Very mature</td>
<td>Age appropriate</td>
<td>Sometimes immature</td>
<td>Very immature</td>
</tr>
<tr>
<td>Integrity</td>
<td>Highly trustworthy</td>
<td>Trustworthy</td>
<td>Usually trustworthy</td>
<td>Questionable</td>
</tr>
<tr>
<td>Leadership Potential</td>
<td>Leader</td>
<td>Can follow or lead</td>
<td>Leads on occasion</td>
<td>Rarely leads</td>
</tr>
<tr>
<td>Reaction to criticism</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>Responsible</td>
<td>Very responsible</td>
<td>Usually responsible</td>
<td>Sometimes responsible</td>
<td>Rarely</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>Healthy self-image</td>
<td>Needs some support</td>
<td>Seems overconfident</td>
<td>Poor self-image</td>
</tr>
<tr>
<td>Self-control</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>Sense of humor</td>
<td>Highly developed</td>
<td>Good</td>
<td>Fair humor</td>
<td>Poorly developed</td>
</tr>
<tr>
<td>Warmth of personality</td>
<td>Always friendly</td>
<td>Usually friendly</td>
<td>Occasionally friendly</td>
<td>Rarely friendly</td>
</tr>
</tbody>
</table>

### Work Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Joins in readily</th>
<th>Contributes some</th>
<th>Wants to dominate</th>
<th>Rarely contributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work in a group</td>
<td>Always works well</td>
<td>Sometimes</td>
<td>Has difficulty</td>
<td>Has great difficulty</td>
</tr>
<tr>
<td>Ability to work independently</td>
<td>Always works well</td>
<td>Needs some help</td>
<td>Needs help frequently</td>
<td>Needs constant help</td>
</tr>
<tr>
<td>Completes assignments on time</td>
<td>Consistently completes</td>
<td>Usually completes</td>
<td>Needs additional time</td>
<td>Has difficulty</td>
</tr>
<tr>
<td>Follows directions</td>
<td>Easily and accurately</td>
<td>Needs some help</td>
<td>Needs</td>
<td>Rarely</td>
</tr>
<tr>
<td>Takes Initiative</td>
<td>Always</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Rarely</td>
</tr>
<tr>
<td>Attention span</td>
<td>Actively engaged</td>
<td>Attentive</td>
<td>Variable attention</td>
<td>Require frequent redirection</td>
</tr>
</tbody>
</table>

### Social Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Role model</th>
<th>Healthy relationship</th>
<th>Occasional problems</th>
<th>Relates poorly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships with adults</td>
<td>Courteous</td>
<td>Usually positive</td>
<td>Occasional problems</td>
<td>Shows little respect</td>
</tr>
<tr>
<td>Concern for others</td>
<td>Very considerate</td>
<td>Considerate</td>
<td>Usually considerate</td>
<td>Rarely considerate</td>
</tr>
<tr>
<td>Attitude toward school</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

Please comment on student’s behavior/attitude in classroom: ____________________________________________________________

__________________________________________

Greatest strengths: ______________________________________________________________________________________________

Greatest needs: __________________________________________________________________________________________________

Would you recommend this student for the CCHMC Junior Volunteer Program? Yes / No

Evaluator’s Name (Please print): ___________________________ Phone: ___________________________

Evaluator’s Signature: ____________________________________ Title: ___________________________
Letter of Recommendation

For your application to be considered, you must include a letter of recommendation written by someone outside of school, excluding family members or guardians. Examples of people to ask: employer, scout leader, dance instructor, neighbor, youth group leader, etc.

Personal Essay

For your application to be considered, you must complete a personal essay following the instructions below.

- TWO FULL PAGES typed
- Double-spaced
- Written in size 12 Times New Roman font
- NO HEADINGS (do not leave inches of blank space at the top of the page as a heading)
- If your essay is not formatted correctly and does not meet the required length of two full pages of written content, points will be deducted from the overall score of your application packet.

Essay Topic: Please tell us about yourself and why you should be considered for a volunteer position at Cincinnati Children’s. Topics to discuss might include extra-curricular activities, academic achievements, community service experience, future goals, etc.
***MUST RETURN COMPLETED WITH YOUR APPLICATION***
Please have this form completed by your doctor’s office.
DO NOT attach additional forms.
CCHMC Volunteer Medical Requirement Form

(Print) Volunteer Full Name: _______________________________ D.O.B. ____________________

I consent to allow CCHMC Employee Health nurse to speak to my MD regarding medical information received.
Signature: ____________________________________________________________

The medical information below must be filled out by your Medical Provider

Physician Name and Address: ________________________________________________
................................................................................................................................
................................................................................................................................
Physician Phone Number: ________________________________

Signature of RN or MD completing the form: ______________________________________

<table>
<thead>
<tr>
<th>Rubeola #1</th>
<th>#2</th>
<th>or Positive Antibody Titer IGg</th>
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<tr>
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<td>__<strong>/_<strong><strong>/</strong></strong></strong></td>
<td>________</td>
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<tr>
<td>(date vaccinated)</td>
<td>(date vaccinated)</td>
<td>(date)</td>
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</table>

<table>
<thead>
<tr>
<th>Mumps #1</th>
<th>#2</th>
<th>or Positive Antibody Titer IGg</th>
</tr>
</thead>
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<tr>
<td>__<strong>/_<strong><strong>/</strong></strong></strong></td>
<td>__<strong>/_<strong><strong>/</strong></strong></strong></td>
<td>________</td>
</tr>
<tr>
<td>(date vaccinated)</td>
<td>(date vaccinated)</td>
<td>(date)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rubella #1</th>
<th>#2</th>
<th>or Positive Antibody Titer IGg</th>
</tr>
</thead>
<tbody>
<tr>
<td>__<strong>/_<strong><strong>/</strong></strong></strong></td>
<td>__<strong>/_<strong><strong>/</strong></strong></strong></td>
<td>________</td>
</tr>
<tr>
<td>(date vaccinated)</td>
<td>(date vaccinated)</td>
<td>(date)</td>
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</table>

* History of disease is not accepted- Two vaccines or positive titers required- attach copy of titer results to form

**Varicella (Chickenpox):** List year of disease ______

If no history of chicken pox disease, please list dates for **TWO varicella** vaccinations or a titer

<table>
<thead>
<tr>
<th>VZV #1</th>
<th>VZV #2</th>
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<tbody>
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<td>__<strong>/_<strong><strong>/</strong></strong></strong></td>
</tr>
<tr>
<td>(date)</td>
<td>(date)</td>
</tr>
</tbody>
</table>

or Positive Antibody Titer IGg ________ * attach copy of titer results to form (date)

**Tdap/Adacel/Boostrix given after 5/3/2005 (Tetanus, Diphtheria, Acellular Pertussis):**
Date of Vaccination ________________

**Flu vaccination given after 8/1/2019**
Date of Vaccination ___________________________ Lot #_______________
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.”**

<table>
<thead>
<tr>
<th>CONVICTION</th>
<th>DATE</th>
<th>OUTCOME</th>
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</tbody>
</table>

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  
Crueity 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  
Felony 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 OUVAC 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