

Office Use	
Date Received	
Interview Date	

CINCINNATI CHILDREN'S VOLUNTEER APPLICATION

Qualified volunteer applicants will receive consideration for placement without regard to race, color, religion, sex, national origin, age, genetic information, physical or mental disability, military or veteran status, sexual orientation, or other protected status in accordance with federal, state, and local laws and regulations.

PERSONAL			
Legal First & Last Name:	Preferred Name:		
Preferred Phone Number:	Email Address:		
Mailing Address:Address	City	State Zip Code	
Emergency Contact: Name	Phone #	Relationship	
Social Security #:(REQUIRED)	Date of Birth:	Month/Day/Year	
Birth country if not USA:			
Are you a United States Citizen? ☐ YES ☐ NO (If no, see below)			
If NO, are you a Lawful Permanent Resident (Green Card Holder)? ☐ YES ☐ NO (If no, see below)			
If NO, what is your country of citizenship?			
If NO, please indicate Visa status type (F-1, J-1, H1B, etc.)Visa expiration date:		Visa expiration date:	
EDUCATION			
High School:	Year Graduated:	:	
College/University:	Major:		
CURRENT EMPLOYER			
Company:	Job Title:		
Supervisor's Name:	Phone #:		
Please list major duties and responsibilities			



PREFERRED LOCATION TO VOLUNTEER: Rank in order of preference (1-9)			
	Anderson	Burnet Campus	College Hill
	Eastgate	Fairfield	Green Twp
	Liberty Campus	Mason	Northern KY
	I'm applying to volunteer with the Dog Therapy Program and my dog has already been tested and accepted into the program by Edith Markoff.		
	☐ I am an experienced sewer a	nd have interest in volunteering in t	the Sewing Room.
AVAILABILITY Please check several times that you'd be available to commit to a consistent weekly shift Mon Tue Wed Thu Fri Sat Sun			
	Morning		*Shifts rarely start
	Afternoon		before 8am
	Evening		
Cincinnati Children's is subject to certain government record keeping and reporting requirements for administration of applicable civil rights laws and regulations. As a result, we invite volunteer applicants to <u>voluntarily</u> self-identify their race and ethnicity. Your decision to provide this information is optional and in no way affects the processing of your application or your being considered for volunteer positions. This information is used for statistical purposes only.			
	PLEA	SE ANSWER THE FOLLOWIN	G QUESTION:
What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.			
☐ Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.			
□ V	Vhite: a person having origins in a	ny of the original peoples of Eur	rope, the Middle East, or North Africa.
	Black or African American: a perso	n having origins in any of the bla	ack racial groups of Africa.
Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.			
· 	□ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.			
ד 🗆	☐ Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.		
	☐ Choose not to respond.		



PERSONAL REFERENCES YOU HAVE KNOWN FOR AT LEAST ONE CALENDAR YEAR

Please print <u>clearly</u>. You are permitted to list one family member in addition to another person who has known you for at least <u>one full calendar year</u>. Reference requests will be emailed to the people you've listed as soon as we receive your application. We will not contact you until we've heard from both of your references, so please make sure they know to expect an email from us.

Reference 1: Relationship to you:				
Email Address: _				
Mailing Address:	Address	Cit.	Otata Otata	Zin Onda
	Address	City	State	Zip Code
Reference 2:	Relationship to you:			
Email Address: _				
Mailing Address:				
	Address	City	State	Zip Code
	PERSONAL	. REFLECTION (Required)		
Please comment of	on previous volunteer experience, h	obbies, interests, special skill	ls, or additional info	ormation which will
aid in assessing ye	our potential as a volunteer at CCH	MC		
				
				
				
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What experience h	nave you had with children?			



ACKNOWLEDGEMENT

As a volunteer at CCHMC:

- 1. I will be punctual and conscientious in the fulfillment of my responsibilities. If for any reason I cannot serve at the assigned time I will notify the volunteer office.
- 2. I will commit to at least 2 hours a week for at least six consecutive months.
- 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 promptly complete all annual safety training and medical requirements.
- 5. I will uphold the standards and policies of Cincinnati Children's Hospital Medical Center.
- 6. I will return my CCHMC ID badge when I stop volunteering.
- 7. I certify that the facts and information provided by me on this application are true and complete. I agree that if selected to volunteer, incorrect, incomplete, or falsified information will be grounds for discontinuing my relationship with CCHMC regardless of when discovered.
- 8. I authorize CCHMC 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 CCHMC 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 CCHMC, and that CCHMC may revise its policies and procedures at any time.
- 10. I understand that CCHMC 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 CCHMC's volunteers is prohibited on CCHMC time and in and on CCHMC's owned or controlled property.
- 11. I understand that CCHMC is tobacco/smoke free and tobacco odor is not permitted. I must be completely free of tobacco odor.

12.	I understand that the Volunteer Department is not obligated to provide a placement, nor am I obligated to accept the
	position offered.

Signature	Date

Email completed application to:

VolunteerServices@cchmc.org

Please email or call 513-636-4396 with questions.

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 <u>all</u> of your conviction history. Note that the only type of offense that you do <u>not</u> 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	

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

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