

# Summer 2024 Junior Volunteer Application Packet



**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
- Immunization certificate from doctor's office
- Covid-19 vaccination card
- Completed Criminal History Background form

## **Summer 2024 Important Dates**

The summer session runs from June 3, 2024, through August 16, 2024. We require that you miss no more than two (2) 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 two (2) times you will not be invited back for future sessions or receive a report of your hours.

- **Last day to turn in application:** Wednesday, March 6th, 2024, by 4pm in the BURNET office.
- **The packet must be in the Volunteer Services office before 4pm on March 6th, 2024! Applications are ONLY accepted at the Burnet Campus. Applications turned in at Liberty and other neighborhood locations will not be considered.**

### **Ways to submit your application:**

1. Hand deliver to Volunteer Services at the BURNET 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 Burnet Campus by 4pm on Wednesday, March 6<sup>th</sup>, 2024. \*\*\**

### **PLAN TO CHECK YOUR EMAIL IN THE DAYS AFTER THE APPLICATION DUE DATE TO FIND OUT IF YOU'VE BEEN ACCEPTED.**

- **Mandatory information session:** Thursday, March 14th, 2024, from 6pm to 8pm at the BURNET 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, May 13th, 2024, from 4:30pm to 6pm at the BURNET CAMPUS. You will attend this session **ALONE** and you must stay for the entire orientation. ***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 a placement that is satisfying to the volunteers, 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 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:
  - 2 Step Tb Test (2 separate tests) OR an annual Tb Skin Test from the last two years OR a Quantiferon Gold Test/TSpot within the past 12 months. **Detailed instructions about the Tb testing requirement will be discussed during the Mandatory Information Session. Please wait to schedule the Tb test until after this meeting.**
5. Attend a mandatory orientation BY YOURSELF (date listed on previous page) from 4:30-6pm? **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  
Juli Kiefer, Volunteer Specialist  
Molly Gilbert, Volunteer Specialist  
Stefanie Easley, Volunteer Specialist



**CINCINNATI CHILDREN'S VOLUNTEER APPLICATION**

**Summer 2024**

**Junior Volunteer Application**

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

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
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 be 15 years old and have completed 9<sup>th</sup> grade by June 1st, 2024. Yes

Do you have reliable internet access outside of school:  Yes  No

Do you have a device (phone, tablet, etc.) with video capability?  Yes  No

**Your response will not impact acceptance into the program.**



**INVITATION TO SELF-IDENTIFY**

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 voluntarily 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.

**PLEASE ANSWER THE FOLLOWING 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.
- White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: a person having origins in any of the black 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.
- Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.
- Choose not to respond.

**PREFERRED LOCATION TO VOLUNTEER: Rank in order of preference (1-8)**

Anderson ____	Burnet Campus ____	Eastgate ____
Fairfield ____	Green Twp ____	Liberty Campus ____
Mason ____	Northern KY ____	



**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.
4. I understand that I am permitted to miss no more than TWO (2) scheduled volunteer shifts. If I miss more than 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
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



## Teacher Recommendation Form

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

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

### Work Skills

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

### Social Skills

Peer relations	Role model	Healthy relationship	Occasional problems	Relates poorly
Relationships with adults	Courteous	Usually positive	Occasional problems	Shows little respect
Concern for others	Very considerate	Considerate	Sometimes considerate	Rarely considerate
Attitude toward school	Excellent	Good	Fair	Poor

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
- **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.

### Immunization Certificate

Please request an immunization certificate from your doctor's office that includes the following:

- MMR vaccine (2 doses)
- Varicella (chickenpox) vaccine (2 doses)
- Tdap/Adacel/Boostrix vaccine

### Covid-19 Vaccination

To be eligible to volunteer, all applicants must have received the Covid-19 vaccine. **Hospital policy does NOT allow for any exceptions.** Here are the types of Covid-19 vaccines that are accepted:

- Two monovalent doses of Pfizer or Moderna or 1 monovalent dose of J&J Janssen.
- One monovalent dose of Pfizer or Moderna, plus one bivalent dose of Pfizer or Moderna
- One bivalent dose of Pfizer or Moderna.





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