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

- ✔ Application
- ✔ Personal essay
- ✔ Completed Criminal History Background form
Summer 2024 Important Dates

The summer session runs from June 3rd, 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 6, 2024, by 4pm in the BURNET office.

→ The packet must be in the Volunteer Services office before 4pm on March 6, 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, 2024.***

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

→ Mandatory orientation: We will give you information to complete this online after your interview.
Dear Returning Applicant,

Thank you for your interest in returning to the Junior Volunteer Program at Cincinnati Children’s Hospital Medical Center. As we are sure you remember, 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 returning Junior Volunteer, are you able to:

1. Volunteer the same time/day 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 (2) scheduled shifts (dates listed on previous page)?

3. Come for an interview between March 11th, 2024, and May 1st, 2024?

4. Complete a mandatory online orientation?

If you can meet these guidelines, we look forward to receiving your application packet. **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

Returning 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

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

<table>
<thead>
<tr>
<th>Anderson</th>
<th>Burnet Campus</th>
<th>Eastgate</th>
<th>Fairfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Twp</td>
<td>Liberty Campus</td>
<td>Mason</td>
<td>Northern KY</td>
</tr>
</tbody>
</table>

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.*
Junior Volunteer Commitment

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

1. I understand if interviewed and accepted I must complete an online orientation.
2. 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.
3. 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.
4. I will consider as CONFIDENTIAL all information that I may hear directly or indirectly concerning patients or their families.
5. I will conduct myself with dignity, courtesy and consideration for others.
6. I will endeavor to make my work of the highest quality.
7. 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.
8. 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.
9. 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.
10. 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
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 your previous volunteer experience at Cincinnati Children’s Hospital Medical Center and why it is important for you to return this session.
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</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. ***

Revised February 2014
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
Impersonating
Improperly Discharging Firearm at or Into Habitation or School
Improperly Furnishing Firearms to a Minor
Inciting Violence
Inducing Panic
Insurance Fraud
Intercourse 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. ***