Fall 2023
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
Fall 2023 Important Dates

The fall session runs from August 28, 2023 through December 17, 2023. 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: Thursday, July 6, 2023, by 4pm in the BURNET office.

→ The packet must be in the Volunteer Services office before 4pm on July 6, 2023! 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 Thursday, June 29, 2023.***

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, July 13, 2023, 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: Wednesday, August 23, 2023, 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 FOUR 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
Fall 2023
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 9th grade by August 28, 2023. Yes □
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)

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<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Anderson</td>
<td>Burnet Campus</td>
<td>Eastgate</td>
<td></td>
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<tr>
<td>Fairfield</td>
<td>Green Twp</td>
<td>Liberty Campus</td>
<td></td>
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<tr>
<td>Mason</td>
<td>Northern KY</td>
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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 FOUR (4) scheduled volunteer shifts. If I miss more than FOUR 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
**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

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<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>
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<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>
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</table>

### Work Skills

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

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

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.”

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<th>CONVICTION</th>
<th>DATE</th>
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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
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
Imparting
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 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. ***