

# Summer 2026

## High School Volunteer Application

Session begins June 1<sup>st</sup> and ends August 7<sup>th</sup>.

Volunteers must commit to a weekly two-hour shift, same day/same time, for the duration of the session, missing no more than two shifts.

If selected, you will be required to attend a mandatory in-person orientation at the Burnet Campus on

**Monday, May 11<sup>th</sup> from 4:30-6:00pm.**

There are no exceptions to this requirement.

**Last opportunity to turn in your application is**

**Thursday, March 5th, no later than 4:30pm.**

Your application must be hand delivered to Volunteer Services at the Burnet Campus. We are in Location F, on the first floor.

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### **Your application must be complete in order to be considered.**

We receive many more applications than we can accept. Use this checklist to make sure your application passes the initial review process.

- All spaces on application are filled in, including social security number
- Teacher recommendation in a sealed envelope with your teacher's signature across the seal
- Thoughtful and complete responses to Personal Reflection Questions
- Completed Cincinnati Children's Volunteer Medical Requirement Form signed by your health care provider *(We will only accept this form, no other forms of documentation including MyChart records or immunization certificates)*
- Completed Criminal Background Check Disclosure Form *(included in this packet)*

## CINCINNATI CHILDREN'S HIGH SCHOOL VOLUNTEER APPLICATION - SUMMER 2026

### Hand deliver completed application to:

Cincinnati Children's Volunteer Services – Building F  
3333 Burnet Avenue, Cincinnati, OH 45229

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

Legal Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Legal Last, Legal 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): \_\_\_\_\_

I have volunteered at Cincinnati Children's previously. ☐ Yes ☐ No

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: \_\_\_\_\_

Current school attending: \_\_\_\_\_ Current Grade \_\_\_\_\_

Summer Plans, including other programs you've applied for, scheduled activities and travel: \_\_\_\_\_  
 \_\_\_\_\_

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 1<sup>st</sup>, 2026. ☐ Yes

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

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

**High School Volunteer Commitment**

As a candidate for the High School Volunteer Program at Cincinnati Children's:

1. I understand if interviewed and accepted I must attend Volunteer Orientation by myself.
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 Volunteer Services.
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 be eligible to volunteer in future sessions.
4. 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.
5. 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.
6. 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.
7. 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 High School 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

Student Name: \_\_\_\_\_

Your insights will help us to assess this student's application for the summer volunteer program at Cincinnati Children's.  
**Please return this form to the student in a sealed envelope with your signature across the seal.**

**On a scale of 1-5, with 5 being your highest recommendation, please rate the applicant on the following:**

Ability to focus on new material presented in the classroom.

1                      2                      3                      4                      5

Ability to retain new information.

1                      2                      3                      4                      5

Ability to integrate newly learned material into action.

1                      2                      3                      4                      5

Ability to display age-appropriate level of maturity.

1                      2                      3                      4                      5

Likelihood of being reliable and consistent if accepted into this program.

1                      2                      3                      4                      5

Ability to adapt to a new environment.

1                      2                      3                      4                      5

Likelihood of being able to contribute in a professional, dynamic hospital setting, working among busy adults.

1                      2                      3                      4                      5

**Any further comments you think would help us in making a determination:**

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**Evaluator's Name (Please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

## **Personal Reflection Questions**

**Please choose two of the following questions to answer.**

**Please type your responses on a separate piece of paper and take as much space as needed to fully answer.**

- Tell us about a time when you had to use your problem solving skills to resolve a difficult situation. What is your process for solving problems?
- Tell us about a time when you were asked to do something you'd never done before. How did you react? What did you learn?
- Tell us about a time when it was important for you to make a good impression on someone. How did you go about doing so?
- Tell us about a time when your responsibilities got a little overwhelming. Specifically, what did you do to manage this and live up to expectations?



## Cincinnati Children's Volunteer Medical Requirement Form

(Print) Volunteer Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

I consent to allow Cincinnati Children's 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 form

<b>Rubeola #1</b>	____/____/____ (date vaccinated)	<b>#2</b>	____/____/____ (date vaccinated)	<b>or Positive Antibody Titer IGg</b>	____ (date)
<b>Mumps #1</b>	____/____/____ (date vaccinated)	<b>#2</b>	____/____/____ (date vaccinated)	<b>or Positive Antibody Titer IGg</b>	____ (date)
<b>Rubella #1</b>	____/____/____ (date vaccinated)	<b>#2</b>	____/____/____ (date vaccinated)	<b>or Positive Antibody Titer IGg</b>	____ (date)

**\* 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

VZV # 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)      VZV # 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)  
**or Positive Antibody Titer IGg** \_\_\_\_\_  
(date)

**\* attach copy of titer results to form**

**Tdap/Adacel/Boostrix given after 1/1/2016 (Tetanus, Diphtheria, Acellular Pertussis):**

Date of Vaccination \_\_\_\_\_

## CRIMINAL BACKGROUND CHECK DISCLOSURE

Cincinnati Children's 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. Cincinnati Children's 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 Cincinnati Children's.

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 Cincinnati Children's I authorize background checks of my criminal history. I release Cincinnati Children's 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. 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		