

**Office Use**

Date Received \_\_\_\_\_

Interview Date \_\_\_\_\_

**CINCINNATI CHILDREN'S COLLEGE VOLUNTEER APPLICATION**Email completed application to: [volunteerservices@cchmc.org](mailto:volunteerservices@cchmc.org)

Please email or call 513-636-4396 with questions

**PERSONAL**

Legal First &amp; Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip CodeEmergency Contact: \_\_\_\_\_  
Name Phone # RelationshipSocial Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(REQUIRED) 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: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Year Graduated High School: \_\_\_\_\_

College/University: \_\_\_\_\_ Major: \_\_\_\_\_

**Previous Experience at Cincinnati Children's Hospital Medical Center**Have you ever been badged at Cincinnati Children's Hospital in any capacity? ☐ Yes ☐ No

(Examples include, but are not limited to, being a previous employee, student, volunteer, vendor, contractor, observer, etc.)

If so, please list in what capacity and when \_\_\_\_\_

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

\*Please note that, with occasional exceptions at the Burnet Campus, available opportunities occur during the week, and during daytime hours.

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

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I can commit to at least two consecutive semesters or six consecutive months. ☐ Yes ☐ No

Semesters I'm currently applying for: ☐ Fall/Spring ☐ Spring/Summer ☐ Summer/Fall

Additional clubs or activities I've committed to in the upcoming semesters/months: \_\_\_\_\_

Could any of these activities, or others (including employment opportunities) mentioned above interfere with the weekly volunteer commitment? ☐ Yes ☐ No

**CURRENT EMPLOYER**

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list major duties and responsibilities \_\_\_\_\_

**PERSONAL REFERENCES YOU HAVE KNOWN FOR AT LEAST ONE CALENDAR YEAR**

Please print clearly. You are permitted to list one family member in addition to another person who has known you for at least one full calendar year. 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 City State Zip Code

Reference 2: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

### PERSONAL REFLECTION (Required)

Please comment on previous volunteer experience, hobbies, interests, special skills, or additional information which will aid in assessing your potential as a volunteer at CCHMC. \_\_\_\_\_

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What experience have you had with children? \_\_\_\_\_

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### 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 two consecutive semesters or six consecutive months.
3. I understand that college volunteers will be permitted to miss no more than 3 shifts in a semester and that communication of absence is a requirement.
4. I will consider as CONFIDENTIAL all information concerning patients, which I hear directly or indirectly. I will not seek information regarding patients and families.
5. I will promptly complete all annual safety training and medical requirements.
6. I will uphold the standards and policies of Cincinnati Children's Hospital Medical Center.
7. I will return my CCHMC ID badge when I stop volunteering.
8. 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.
9. 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.
10. 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.
11. 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.
12. I understand that CCHMC is tobacco/smoke free and tobacco odor is not permitted. I must be completely free of tobacco odor.
13. I understand that the Volunteer Department is not obligated to provide a placement, nor am I obligated to accept the position offered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 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."

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	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		