



LETTER OF UNDERSTANDING HCMC VOLUNTEER SERVICES PROGRAM

I understand that as a condition of participation in this program, I will be required to comply with the following:

- Completion of a volunteer application
- Completion of a Minnesota Criminal Background Study form
- Completion of the HCMC health screening
- Completion of orientation provided by HCMC

Failure to cooperate or unsatisfactory results may result in withdrawal of an offer to participate in this volunteer program. As a condition of participation in the volunteer program, I hereby authorize Hennepin Healthcare HCMC Volunteer Services to conduct an inquiry into any service-related information contained in this application.

Applicant name (print): _____

Signature: _____ Date: _____

STATEMENT OF NONDISCRIMINATION: In compliance with Federal, State and local equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, ancestry, sex, national origin, pregnancy, sexual orientation, age, physical handicap or disability, veteran status, marital status or status with regard to public assistance

Have you ever been convicted or been given a suspended sentence, placed on probation, or been imprisoned because of a misdemeanor or a felony?

YES

NO

If yes, please explain and give dates: _____

Please return this completed form to the ED Peer Program by either USPS Mail or email:

Address: ED PEER Coordinator, Hennepin Healthcare, HCMC, 701 Park Avenue Mail Code R2,
Minneapolis, MN, 55415-1829

Email:

Anish Sethi, ED PEER Coordinator: anish.sethi@hcmcd.org



Gina Kalkar, ED PEER Coordinator: gina.kalkar@hcmcd.org

Todd Mitchell, RN, ED Clinical Care Supervisor: christopher.mitchell@hcmcd.org