

## Volunteer Applicant Self-Reference

We appreciate you taking a few moments to help us learn a little more about you. We strive to make the best possible match between each applicant's skills, experience and interests, and the current patient and organizational needs of Hennepin Healthcare. Your insights on the topics below will help guide us in creating a successful and rewarding volunteer match. Please email the completed form to [volunteerservices@hcmcd.org](mailto:volunteerservices@hcmcd.org) or fax to 612-904-4563. If you prefer to share your comments verbally, feel free to call us at 612-873-2512.

**Applicant Name:** Click or tap here to enter text.

**Please check the one box you feel most accurately describes your comfort level with working with the population described below.**

	1 Comfortable	2 Hesitant	3 Not Comfortable	Not sure - Haven't experienced
Persons with mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender non-conforming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with physical and/or developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial/ethnic minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-English speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diverse religious/spiritual beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children/adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments:** Click or tap here to enter text.

**Please check the one box that best describes how you believe you would perform in each of the named situations:**

<b>Maintain confidentiality</b>	High degree of ability to maintain confidentiality <input type="checkbox"/>	Sometimes able to maintain confidentiality, might need reminders <input type="checkbox"/>	Struggle to maintain confidentiality, need help with identifying what is appropriate <input type="checkbox"/>
<b>Works as part of a team</b>	Great teamwork, enjoy working with others <input type="checkbox"/>	Depends on circumstances and who is a part of the team <input type="checkbox"/>	Prefer to work alone <input type="checkbox"/>
<b>Flexible and adaptable to change</b>	Very flexible and I do well with change <input type="checkbox"/>	Flexible and open to change when it is required <input type="checkbox"/>	Needs support in adjusting to change and being flexible <input type="checkbox"/>
<b>Following instructions</b>	Able to independently follow clear written and verbal instructions <input type="checkbox"/>	Sometimes needs support and reminders to stay on track <input type="checkbox"/>	Prefer to forge an independent path and react to emerging needs <input type="checkbox"/>
<b>Verbal communication</b>	Would be confident giving clear and easy to follow directions to a stranger <input type="checkbox"/>	Sometimes nervous and uncomfortable, but able to effectively communicate needed information <input type="checkbox"/>	Would be uncomfortable/not confident with communicating needed information to strangers <input type="checkbox"/>
<b>Ability to fulfill commitments and responsibilities</b>	Once I start something I tend to stick with it until the task is complete <input type="checkbox"/>	Sometimes overcommit and can't finish everything <input type="checkbox"/>	Need guidance and support to set realistic timeline <input type="checkbox"/>
<b>Ability to take initiative</b>	Once I know what to do, I just do it <input type="checkbox"/>	Appreciate reminders on what tasks need to be done <input type="checkbox"/>	Work best with clear instruction and specific list of tasks <input type="checkbox"/>

**Please make any additional comments you feel would be beneficial below. Please include any information that would provide context and insight into the situations that have led to the conclusions above.**

Click or tap here to enter text.

***Thank you for your time and insights. We look forward to creating a rewarding experience. Please email the completed form to [volunteerservices@hcmcd.org](mailto:volunteerservices@hcmcd.org)***

Volunteer Services  
Hennepin Healthcare System