

CareGiver Availability – 60 day Commitment

CAREGiverSM Name: _____ Email Address: _____

I can receive text messages Yes No Cell Number _____

Total number of desired hours per week: _____

As a guideline, provide 1.5 times the desired hours you are requesting. For example, if desired hours is 20 per week, provide 30 hours of availability for the office to select from when building your schedule.

Please indicate the block times that fit within your availability:

	Morning Hours Available	Afternoon Hours Available	Evening Hours Available	Overnight
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Are you willing to work with a client who smokes? Yes No

Are you willing to work in a client's home with pets? Yes No

Are you currently working another full-time or part-time job? Yes No

If yes, I work _____ hours/week at _____

Are you a CNA? yes no

CAREGiver Signature

Date

Internal USE Only*

Updated in operating system by _____ Date Updated _____

Hours Wanted Weekly field updated _____