

Name _____ Date _____

Home Phone _____ Email _____

Cell Phone _____ Preferred Method of Contact _____

Number of Desired Hours _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Earliest Start Time							
Latest End Time							
Overnight?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hr shift?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please fill out the times you are available to work keeping in mind that we should be able to use your availability to schedule you without having to call and ask for each individual shift. If you have another job make sure you bring us a copy of your work schedule. If you have other plans, fill out a request time off form. All other days...you are indicating that we are able to schedule you.

Also make sure that you CAREFULLY read your schedule when you receive it in the mail, and if you have questions call the office. We need to avoid mix-ups due to caregivers not reading their schedules. If you cannot fill out a permanent availability you **MUST** provide the office with dates you are available each month.