



### Care Professional Availability

Name:

City:

Weekly Hours Desired:

Preferred method of communication:

Phone Call

Text

E-mail

**Please indicate your availability: (the earliest you can arrive on a visit and the latest that you can stay).**

Day	Start		End		Overnight		
	AM	PM	AM	PM	Yes	No	PRN
Monday	AM	PM	AM	PM	Yes	No	PRN
Tuesday	AM	PM	AM	PM	Yes	No	PRN
Wednesday	AM	PM	AM	PM	Yes	No	PRN
Thursday	AM	PM	AM	PM	Yes	No	PRN
Friday	AM	PM	AM	PM	Yes	No	PRN
Saturday	AM	PM	AM	PM	Yes	No	PRN
Sunday	AM	PM	AM	PM	Yes	No	PRN

PRN = As Needed

You will be servicing the following locations.

**\*\*\*We do our best to place you within a reasonable distance from where you live. If you are asked to go across the bridge or take a ferry to a client you will be automatically reimbursed for those expenses.**

Tacoma	Spanaway	Orting	Gig Harbor	Anderson Island
Lakewood	Puyallup	Eatonville	DuPont	Vashon Island
Steilacoom	University Place		Buckley	

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

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

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

Are you currently going to school? Yes No

Do you speak another language besides English? Yes No Language:

Signature:

Date: