

DIRECT LINE STAFF (PRN) & RELIEF STAFF PROFILE SHEET

This form must be submitted to the Services Director once the affiliate completes all mandatory requirements.

Name: _____

Date: _____

Address: _____

Phone Number: _____ Email Address: _____

1. Which services are you willing to work? *(Please select below)*
 - a. Day Services b. Residential Relief Services c. In-Home Services d. All of the above

2. What is your availability? *(circle below)*
 - a. Day b. Afternoon c. Evening d. Night

3. What days of the week work best for you? *(circle below)*
 - a. Monday b. Tuesday c. Wednesday d. Thursday e. Friday f. Saturday g. Sunday

4. Do you have a valid driver license? *(circle one)* YES or NO
If not, please specify:

5. Do you have reliable transportation? *(circle one)* YES or NO

6. How far are you willing to drive to selected work site(s)?
 - a. less than 10 miles b. less than 20 miles c. less than 30 miles d. No preference

7. Can you work with pets? *(circle one)* YES or NO
If not, please specify:

8. Do you smoke? *(circle one)* YES or NO

9. Are you able to work with individual(s) who smoke? *(circle one)* YES or NO
If not, please specify:

10. Do you have any other preferences or input pertaining to your selected worksite(s)?
Please specify below:

Thank You!!