

CAREGIVER AVAILABILITY FORM

NAME: _____

EMAIL ADDRESS: _____

DATE: _____



Dear Caregiver,

In order to serve you and our clients better, we are updating our records of your availability. We might not be aware that your personal schedule has changed or that you are comfortable working in an area further away than we might consider. Please take some time to fill out this form and return to the office as soon as possible. Thank you so much! We enjoy partnering with you to provide compassionate care to our clients and their families.

The Schedulers

Please indicate available time (i.e. 8 AM – 2 PM) for each day, AND “X” out unavailable days.

	Available Time	Overnights ✓ = Yes X = No	Other Information (e.g. every other, once a month)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

I am happy with my current schedule. _____ Yes _____ No

I would like to work _____ hours per week.

I am available these holidays: _____

I am willing to work in these cities: _____

Additional Comments: _____

**** Please promptly return this to the Rent-A-Daughter****