

Contact and Availability

Today's Date:

Hello! Please provide your current contact information and availability for the month by the 15th of the prior month, unless emergency. For example, submit your updated availability for November by October 15th. If you have already provided a monthly availability, you do not have to provide this every month unless you have a change in your availability. *If you have specific dates that you need off for appointments or other reasons, please fill out a separate Time Off Request Form by the 15th of the month prior.*

Contact Information:

First and

Last name *

Current Residential Address *

Current Mailing Address

If different than residential address

Cell phone number *

My cell phone can receive texts? Y/N

My cell phone is a "Smart Phone" and can download free apps? Y/N

Home phone or secondary contact number

Current email address *

The best way to contact me is ___ 1st, ___ 2nd, ___ 3rd (Text, Cell, Home, Email, Emergency Contact)

Skills: Please indicate if you currently have the following skills. Check all that apply.

The information you provide will be used to better match you with clients.

- Ability to lift up to 50 lbs.
- Current Food Handler's Card
- Cooking experience
- Cleaning/Housekeeping experience

- Current CPR certification
- Current CNA 1 Certification
- Current CNA 2 Certification
- Expired CNA 1 or 2 Certification
- CNA Training (no certification)
- Sit to Stand Life experience

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- Hoyer Transfer experience
- Hospice/Palliative Care experience
- Facility Experience
- Alzheimer's/Dementia Care experience
- Medication Administration with Documentation experience
 - Insulin Administration
 - Oxygen Administration
- Catheter Care experience
- Digital Stimulation experience
- Vitals Monitoring
- CBG Monitoring
- I and O Monitoring
- Tube Feeding or Assistance with
- Suctioning or Assistance with
- Wound Care or Assistance with
- Stoma Care or Assistance with
- Colostomy/Ostomy Care or Assistance with

Types of Shifts: Please indicate your interest in/willingness for the different types of Shifts:

Check all that apply

- Companion Care Shifts (Visiting Only)
- Homemaker Care Shifts (Housekeeping, meal prep, transportation, medication reminders)
- Personal Care Shifts (Hands-on care, medication reminders and assistance)
- Complex Care Shifts (Medication assistance and/or administration, Delegated tasks: insulin, oxygen, digital stimulation, etc.)
- Nursing Shifts (RN or LPN Only)
- Overnight Shifts (ie. 8pm-8am)
- Live-in (temporary short term or long-term)
- Provide transportation using your own car
- Provide transportation using the client's car
- Travel out of town with client

Working Hours per Week: My preference is to work approximately ____ hours per week. *

Check all that apply

- 0-10 hours per week
- 10-20 hours per week
- 20-30 hours per week

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- 30-40 hours per week

Shift Preferences: In general, I would like to work:

- Days
- Nights
- Short Shifts of less than 8 hours
- Long 8-12 hours
- Other : _____
-

Shift Location Preferences:

Please indicate which of the following districts you are willing to travel to for a shift. Check all that apply. *

The ability to travel to a greater number of districts will increase the number of possible shift placements available to you.

- Beaverton
- Clackamas
- Forest Grove
- Gresham
- Lake Oswego
- Milwaukie
- Portland
 - 1. Central Portland City/Downtown
 - 2. N Portland
 - 3. NE Portland
 - 4. NW Portland
 - 5. SE Portland
 - 6. SW Portland
- Oregon City
- Tigard
- Tualatin
- West Linn
- Anywhere within the one-hour service radius from Sinai's office in Raleigh Hills.

Shift Restrictions:

Please indicate any reasons you may have for not accepting or working a shift.

____ No Men Clients

____ No Women Clients

____ No Current Smokers

____ No Dogs in the home/on the property

____ No Cats in the home

____ Other: _____

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My Availability for ____ (Month), ____ (Year)

Please list hours that you **are available** to be scheduled to work on the weekdays below. Enter specific times for when you are available to work. (For exceptions where you need time-off, please fill out a separate Time Off Request Form by the 15th of the month prior.)

Saturday: __:__M– xx:xx_M, xx:xx_M– xx:xx_M (or) 24 hour availability from Midnight to 11:59PM.

Sunday: __:__M– xx:xx_M, xx:xx_M– xx:xx_M (or) 24 hour availability from Midnight to 11:59PM.

Monday: __:__M– xx:xx_M, xx:xx_M– xx:xx_M (or) 24 hour availability from Midnight to 11:59PM.

Tuesday: __:__M– xx:xx_M, xx:xx_M– xx:xx_M (or) 24 hour availability from Midnight to 11:59PM.

Wednesday: __:__M– xx:xx_M, xx:xx_M– xx:xx_M (or) 24 hour availability from Midnight to 11:59PM.

Thursday: __:__M– xx:xx_M, xx:xx_M– xx:xx_M (or) 24 hour availability from Midnight to 11:59PM.

Friday: __:__M– xx:xx_M, xx:xx_M– xx:xx_M (or) 24 hour availability from Midnight to 11:59PM.

I understand it is my responsibility to provide an update to my supervisor if my availability changes by the 15th of the month for the following month.

By signing below, I acknowledge and understand that Sinai Family Home Services (SFHS) DBA Sinai In-Home Care (SHC) has hours and shifts available based solely on clients' needs for each week and that SFHS will assign shifts to me based on those clients' needs. I further understand that there has been no offer from SFHS for full-time employment and that shift assignments or hours cannot be guaranteed on a weekly basis.

Employee Signature

Date