

What is Your Role?



Caregiver Data Form		Date: _____					
Name: _____		Occupation: _____					
Address: _____		City: _____		ST: _____		Zip: _____	
Home Phone: (____) _____		Work Phone: (____) _____		Fax: (____) _____			
Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, can you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Can you participate as a caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you feel you cannot participate as a caregiver, can you commit to being a free floater? <input type="checkbox"/> Yes <input type="checkbox"/> No							
AVAILABILITY: Are there any days or specific hours when you know you <u>would not be available</u> ? Please indicate on the chart below.							
TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
9:00 A.M. 1:00 P.M.							
1:00 P.M. 5:00 P.M.							
5:00 P.M. 10:00 P.M.							
Overnight							
OTHER: Specify Dates							

Your Strengths and Limits (Part 1)

Date: _____

Name: _____

This form is designed to try to find the right person for the job whenever possible.

Where do you fit in when it comes to the following areas?

Remember, it's okay not to like something or not to be good at another. Someone else may like to do what you don't. Rate yourself on the following:

IN DEALING WITH:	I'M TERRIFIC	I'M GOOD	I'M FAIR	DON'T CALL ON ME
Emergencies				
Paperwork Organization				
Insurance Forms				
Hospitals				
Talking to Doctors				
Physical Tasks				
Cooking Special Foods				
Research				
Xeroxing Paperwork				
Listening and Taking Notes				
Asking Questions				
Needles				
Blood				
Making Appointments				
Shopping (Grocery)				
Shopping (Personal Items)				
Hiring Help				
Firing Help				
Housecleaning				
Finding Solutions to a Problem				

Your Strengths and Limits (Part 2)

Date: _____

Name: _____

In your own words, please fill in the information below.

I am truly great at:

I absolutely cannot deal with:

Special Skills and Hobbies:

