



Online Preliminary Application

Name : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_  
Street City Zip Code

Phone Work : \_\_\_\_\_ Home : \_\_\_\_\_

Email : \_\_\_\_\_ Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender : (Circle one ) male female

Marital Status : \_\_\_\_\_ Spouse's Name : \_\_\_\_\_

Do you Drive ? \_\_\_\_\_ Do you have a vehicle: \_\_\_\_\_

	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
Weekdays :	_____	_____	_____
Weekends :	_____	_____	_____
Holidays ? ( Circle one )	Yes	No	

Please indicate the kind of work you would like to do?

\_\_\_\_\_ spur of the moment work ( ex. Spot sitting for several families as needs arise)

\_\_\_\_\_ Work requiring more advanced notice ( ex. Assignment to one particular case, in which you stay with that family over an extended period of time)

\_\_\_\_\_ Bereavement work ( providing support to families after the patient's death)

Describe the type of patients you would most like to work with (ex. Young ,elderly ,multicultural AIDS, etc.) : \_\_\_\_\_