

Caregiver Questionnaire

Contact

Name: _____

School Address: _____

Home Address: _____

School Phone: _____ Home Phone: _____ Cell: _____ Carrier: _____

Email Address: _____

Preferred Way of Communication: _____

Availability

What hours are you available during the following times?

_____ Semester
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

_____ Semester
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Any planned vacations or absences? _____ Dates: _____

Range of Hours	Minimum	Maximum
_____ Semester	_____	_____
_____ Semester	_____	_____

When could you start working? _____

Are you willing to do overnights? _____

Are you willing to do weekends? _____

How long would you commit to a family?

Caregiver Questionnaire

Experience/Education

What job situation(s) do you feel most comfortable with?

Infant/Toddlers: _____ School Age: _____ Teens: _____ Adults Needing Assistance: _____

What is your preference? _____

Have you worked with children with special needs? _____ Autism? _____

Please Describe Your Experience: _____

Have you had experience with disabled adults or the elderly? _____

Please Describe Your Experience: _____

What are your educational interests and plans? _____

What are your interests outside of school and work? _____

On a scale from 1 – 10 (1 = low; 10 = high) rate your:

Energy Level _____

Quick Learner _____

Organizational Skills _____

Attention to Detail _____

Tidiness/Cleanliness _____

Directness/Communication Skills _____

Timeliness _____

Dependability _____

Flexibility of Schedule _____

Initiative _____

Work Efficiently _____

Sense of Direction _____

Willingness to Learn _____

Salary Expectation Hourly \$ _____

24-hour overnight \$ _____

Caregiver Questionnaire

Duties

Check if you are willing to do or assist with:

- _____ Laundry
- _____ Meals
- _____ Run Errands
- _____ Change Linens
- _____ Run Dishwasher, Put Away Dishes
- _____ Light Vacuuming, Dusting
- _____ Organizational Projects (Household and Administrative)
- _____ Tidy Living Areas
- _____ Mop Kitchen Floor
- _____ Ironing
- _____ Periodically Assist, or Drive with Assistance, Child with Autism to Camp and School
- _____ Drive Minivan for Transportation Assistance
- _____ Walk/Feed Dog
- _____ Scoop Out Kitty Litter
- _____ House Sit Dog: Overnight ___ Extended Stays ___ Salary Expectation 24/hr \$ _____

Other

Any pet allergies? _____

Like dogs? _____ Cats? _____ Owned or cared for either? _____

Do you swim? _____

Have you watched children in a pool? _____

Own transportation? _____ Year/Size _____

Have you transported children in your car? _____

Have you transported pets in your car? _____

Willing to drive others in your car? _____

Food allergies? _____

Enjoy cooking or meal preparation? _____

Favorite meals to prepare? _____

Caregiver Questionnaire

Questions

What do children/those you care for like most about you? _____

What do parents/employers like most about you? _____

What do you feel are your strengths of your caregiving? _____

Any improvement areas? _____

Reason you applied for this job? _____

References

Please Give At Least Two

Name _____ Phone _____ Dates of caregiving _____ Ages of those you cared for _____

Please return to:

Name
Email address