

Council on Aging of Cleveland County
Neal Senior Center
Professional Caregiver Registration

Name: _____ **Date:** _____

Full Address: _____

Telephone: _____ (Home) _____ (Cell)

Driver's License #: _____ **State** _____ **Expiration** _____

Emergency Contact: _____ **EC Telephone:** _____

Email Address: _____

Please check all that apply to you:

You are willing to assist _____ **Men** _____ **Women** _____ **Both**

Do you use tobacco, vape, or other products? _____ **Yes** _____ **No**

Are you willing to assist someone who does? _____ **Yes** _____ **No**

- Experienced and willing to assist with personal care including bathing, skin care, back care, foot care, shampoo, oral hygiene, and dressing assistance as needed.**
- Assist with ambulating, transfers, range of motion exercises, use of assistive devices, change of positions, and assist with toileting and incontinent care as needed.**
- Meal planning, sanitary meal preparation, and assistance with feeding.**
- Light housekeeping of patient's environment and personal laundry essential to patient's health care.**
- Grocery shopping and/or errands for essential items and filing prescriptions.**
- Observe client self-administration of medications.**
- Transport client to medical appointments.**
- Provide respite for Primary Caregiver.**
- Communicate and interact with clients.**
- Continuously demonstrate respect for client and maintain confidentiality at all times.**
- Have reliable transportation and liability insurance.**
- Willing to complete orientation.**
- Perform additional duties as requested.**

Please continue to the back

Do you have experience? _____ Yes _____ No

If yes, how many years of experience? _____

Hourly Rate: _____

Please list availability (including time preferences and days):

	Day	Evening/Night
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Do you have any physical conditions that may limit your activities?

_____ Yes _____ No

Please list 3 current references including name and contact information:

Statement of acknowledgement:

I hereby acknowledge and understand that the Council on Aging is not responsible for hiring, communication, or discrepancies between the applicant and employer. I understand that any employers have the right to do background checks and/or check references. It is my responsibility to update my availability with the Council on Aging.

Signature: _____ Date: _____

Please return completed applications by mail or to the front desk at the Council on Aging, Attn: Service Department 100 T.R. Harris Drive, Shelby, NC 28150.