

Care Registry Application

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY/STATE/ZIP: _____

A. AVAILABILITY AND SERVICES OFFERED (check **ONLY those that apply):**

1. DAYS YOU WOULD BE AVAILABLE:

- Weekdays (Monday through Friday)
 Weekends (Saturday and Sunday)
 Any day, weekdays and/or weekends

If only on certain days, please specify:

COMMENTS: _____

2. HOURS YOU WOULD BE AVAILABLE:

- During the day Evenings Overnight

3. ARE YOU WILLING TO BE A LIVE-IN? Yes No

4. HAVE YOU EVER WORKED WITH OLDER ADULTS BEFORE? Yes No

5. LANGUAGES SPOKEN: _____

6. WHAT EXPERIENCE HAVE YOU HAD IN THE LAST TWO YEARS (Work or Volunteer):

- Companion (Friendly Visiting) Cared for a relative/friend
 Homemaker/chore (Shopping, house cleaning, cooking) Other: _____

COMMENTS: _____

7. SERVICES YOU CAN OFFER:

- Light housekeeping Meal Preparation Nursing Care
 & cleaning Supervise Medications Friendly Visiting
 Grocery Shopping Personal Care

COMMENTS: _____

8. TRAINING: **Must submit proof of having completed formal training, including any of the following: a nursing license, certified nursing assistant, other aide certification, CPR certification, First Aid certification, and other related formal training. Enclose copies of your certificates with this application. List certifications completed:** _____

COMMENTS: _____

9. FEES (how much will you charge): \$ _____

IS THIS BY THE: Hour Day Per Service Negotiable

COMMENTS: _____

MUST BE TYPED OR PRINTED NEATLY IN BLACK INK

B. WORK REFERENCES (may be paid or volunteer)

Must supply three names.

- 1. Name: _____ Relationship: _____
 Address: _____ Home Phone: _____
 City/State/Zip: _____ Work Phone: _____
- 2. Name: _____ Relationship: _____
 Address: _____ Home Phone: _____
 City/State/Zip: _____ Work Phone: _____
- 3. Name: _____ Relationship: _____
 Address: _____ Home Phone: _____
 City/State/Zip: _____ Work Phone: _____

C. VIRGINIA STATE CRIMINAL HISTORY CHECK

Companion Aides must have a Virginia State Criminal History and Sex Offender search. The Prince William Area Agency on Aging will provide the Criminal Background check form. The companion aide must complete the form, have their signature notarized and send the form to the VA State Police. The Virginia State Police will mail the completed form back to the companion once approved. Conviction of offenses in any of the following areas prohibits acceptance as a Companion Aide: crimes against the person, crimes against property, crimes involving fraud, crimes involving health and safety, or crimes involving morals and decency.

D. DISCLAIMER OF LIABILITY (PLEASE READ)

The Prince William Area Agency on Aging will make this application available to older adults and their families in the Prince William area. Those persons listed with the Care Registry are not employees of the Prince William Area Agency on Aging, nor does he or she act on behalf of the same.

The Prince William Area Agency on Aging makes no representation concerning the quality or quantity of work, the suitability of the employment site, compliance with regulations pertaining to wages hours and benefits or any other representation of any kind. The Prince William Area Agency on Aging assumes no responsibility for the actions, oversights, work omissions, or acts of either the companion or companion employer.

By my signature, I _____ have read or have had read to me the
(print name)
disclaimer of liability statement and understand the implications and have received a copy of the same.

* COMPANION SIGNATURE _____ DATE _____
* MUST BE SIGNED, OR APPLICATION IS VOID

E. PERMISSION FOR RELEASE OF INFORMATION:

I, _____ authorize the Prince William Area Agency on Aging to
(print name)
release needed information to other agencies or individuals desiring Care Registry services.

* COMPANION SIGNATURE _____ DATE _____
* MUST BE SIGNED, OR APPLICATION IS VOID

Return this application and other pertinent information promptly to:

Prince William Agency on Aging
5 County Complex, Suite 240
Woodbridge, VA 22912