

CAREGIVER REQUEST FORM

Please complete, sign, date and return to
caregiver@ccschouston.org or fax to 713-961-1548 or mail to
Christian Community Service Center, P.O. Box 27924,
Houston, TX 77227-7924

Contact Information

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Contact Phone: _____

Fax: _____

Email: _____

How did you hear about the Professional Caregiver Training
Program?

Family _____ Friend _____ Website _____

Church (please specify) _____

Other (please specify) _____

Position Information

Preferred Start Date (day, month, and year):

Frequency

Days care is needed (check all that apply):

Sunday Monday Tuesday Wednesday

Thursday Friday Saturday

Time of day that care is needed (check all that apply):

Morning Afternoon Evening Overnight

Do you require a caregiver that is certified in CPR/First Aid?

Yes No No Preference

Estimated Hours Needed Per Week: _____

Additional Information

Please briefly describe the responsibilities of the position, tasks expected of the caregiver, and any requirements of the candidate you are seeking.

Statement of Understanding

Christian Community Service Center (CCSC) is a not-for-profit organization. CCSC provides a resource center for job seekers. It is not an Employment Placement Agency, nor does it engage in the business of placing clients directly with employers. Businesses or individuals seeking employees can list their job openings with CCSC free of charge. This is no guarantee that a qualified candidate will be available for the position(s) listed, and it is the responsibility of the client to contact the employer for additional information. CCSC does not receive any direct remuneration from businesses or individuals that find employees through its services. It is the sole responsibility of the prospective employer to check references, immigration status and any other applicable background information. No guarantee is either expressed or implied as to the correctness of information provided by the clients in the application form.

Signature: _____ Date: _____

Please print name: _____

