

ATTENDANT APPLICATION

Please download this form, fill it out and e-mail it to kevinshields@berkeley.edu. You can also print this form up and turn it in personally. Should you have any questions, please call the DSRP office at 510-642-8898.

Name:					
Phone:					
E-mail					
Address					
Age		Height		Weight	
Gender					
Student ID #					

Mode of transportation					
Bike		Car		Bus	
BART		Walk		I live in unit1	

Please mark times you are available to work (if on a computer, delete times you are not available)	
Mon	5a 6a 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a
Tue	5a 6a 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a
Wed	5a 6a 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a
Thu	5a 6a 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a
Fri	5a 6a 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a
Sat	5a 6a 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a
Sun	5a 6a 7a 8a 9a 10a 11a 12p 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a

Attendant care means providing personal care assistance to a disabled individual. You will follow their directions functioning as their arms, and legs. This can mean anything from helping an individual get dressed, to assisting with bowel and bladder routines. Attendant work is an exciting and noble profession. Attendant care builds job skills for the Health Care profession while helping others. If this is new to you, don't worry; you will be trained by experienced professionals.

Have you ever done attendant care before?	
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Are you currently working as an attendant?	
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Please list your expertise in the following areas (mark for yes, blank for no).			
Bladder care (males)		Bladder care (females)	
External (condom)		Internal (urethral)	
Internal (urethra)		Superpubic	
Suprapubic		Intermittent	
Intermittent		Urinal (hand held)	
Urinal (hand held)		Ileostomy	
Ileostomy		Disposable pad	

Skin care		Respiratory care	
Inspection		Suction	
Pressure sore		Trach care	
Positioning		Assistive coughing	

Medication assistance			
Insulin		Breathing treatments	
Pills		Liquid meds	

Transfer methods		House keeping	
Pivot (weight?)		Shopping	
Cradle lift		Cleaning	
Hoyer crane		Laundry	
Sliding board		Feeding	
Other		Cooking	

Personal Hygiene		Experience with these disabilities	
Showering		Quadriplegics	
Hair washing		Paraplegics	
Teeth brushing		Polio	
Dressing/undressing		Muscular dystrophy	
Shaving		Cerebral palsy	
Cosmetic application		Multiple sclerosis	
Corset attachment		Ostiogenesis Imp.	
Brace attachment		Other	

If no to any of the above, are you willing to learn?	
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Please tell a little about your self (i.e. hobbies, talents, favorite movies, etc)

Employment references

Reference # 1			
Name of employer			
Supervisors name			
Phone number			
E-mail			
Address			
Date of hire		Date left	
Reason for leaving			
Job title			
Description of duties			
May we contact this employer?			

Reference #2			
Name of employer			
Supervisors name			
Phone number			
E-mail			
Address			
Date of hire		Date left	
Reason for leaving			
Job title			
Description of duties			
May we contact this employer?			

Reference #3			
Name of employer			
Supervisors name			
Phone number			
E-mail			
Address			
Date of hire			Date left
Reason for leaving			
Job title			
Description of duties			
May we contact this employer?			

Personal references					
Name		Relationship		Number	
Name		Relationship		Number	
Name		Relationship		Number	

Please add any comments you may have					

Thank you fro applying as an attendant for disabled students at UC Berkeley. We will share your resume with students seeking caregivers. If the student is interested you will be contacted for an interview.