

## NEW CAREGIVER V.I.P. FORM

Welcome to our team. Please take a moment to complete this optional survey, as we would like to get to know you better.

Full Name:	Date Completed:	
Name you like to be called:	Favorite Color:	
Favorite Quote:		
Favorite Non-Alcoholic Beverage:		
Favorite Snacks:		
Favorite Musical Performers:		
Favorite Song:		
Favorite Way to Relax:		
Favorite Personal Accomplishment:		
How you celebrate a major milestone:		
Accomplishment of which you are most proud:		
Favorite Restaurant:		
Favorite Person/Hero:		
Favorite way to manage stressful situations:		
Nicest thing anyone has ever done for you:		
Pet Peeves:		
Activities you would like to do as a team:		
What you would like to learn more about:		



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Describe a perfect day:	
Things that give you energy:	
Things that make you feel drained:	
If you could retire right now, what you would do:	
What you would do with an extra hour, if every day were an hour longer:	
Your Greatest Strengths:	
Part of life that is most important to you:	
ON A SCALE OF 1-5, WITH 5 BEING THE HIGHEST, PLEASE RATE YOU	JR CURRENT:
PHYSICAL COMFORT Sitting, standing, light activity, etc.	1 2 3 4 5
INTEREST IN DAILY TASKS How fast time flies.	
FINANCE You feel you are paid what you are worth.	
CHALLENGE Your tasks are varied and pleasingly difficult; there is satisfaction in overcoming obstacles.	
GROWING  You are still learning every day; you see yourself advancing as you work; you feel what you do makes a difference in the lives of others.	