**PENINSULA HOMECARE COOPERATIVE**

Port Townsend, Washington

**Job Description:** Caregiver

The caregiver provides personal care, household assistance and companionship to clients in their own residence. The caregiver works under the supervision of the cooperative administrators and is assigned specific tasks through the client’s home care plan.

**Primary Areas of Responsibility:**

**Caregiver/Client Responsibilities**

* Assists clients with personal care, which may include bathing, shampooing, shaving, toileting, dressing, transfers, ambulation and positioning
* Performs household services essential to the client’s safety and care including; laundry, meal preparation, housekeeping, transportation and shopping
* Strives to uplift and enrich the client’s wellbeing both physically, emotionally and mentally
* Performs only the tasks defined in the care plan for the client and observes, documents and reports any changes in the client’s condition
* Assists with medications as indicated in the client’s care plan and co-op policies
* Adheres to safety and accident prevention measures as outlined in the employee manual
* Charts and submits paperwork accurately and on time
* Respects the different beliefs, opinions, cultures and customs of our clients and their families
* Upholds professionalism within the client’s home and community

**Physical Responsibilities**

* Bending, lifting, kneeling, and pushing tasks related to client assistance and household help
* Using proper body mechanics learned through required training
* Prolonged standing and walking – sometimes for the full duration of the shift

**Communication Responsibilities**

* Displays clear, respectful, and timely communication with administrators and fellow caregivers.
* Responds quickly to email and text communication regarding scheduling and client change of condition/care

**Cooperative Involvement:**

While this position’s primary responsibility is to provide in-home care to the assigned client, the caregiver will also work as part of a member-owned cooperative. Membership into PHC is both a privilege and responsibility. Caregivers are invited to apply for membership after 6 months of employment. We have a comprehensive list of membership requirements to ensure caregivers understand the business and are engaged as owners.

**Minimum Qualifications:**

* Fluent in both written and spoken English
* At least eighteen (18) years of age
* Able to pass a Washington State Patrol criminal background check and Federal background and fingerprint check
* Valid Washington Driver’s License
* Tools and knowledge to communicate in a timely manner, i.e.: smartphone, email account, internet access
* Current Home Care Aide or Certified Nursing Assistant License or the ability to complete training required by Washington State and gain certification within 200 days of hire
* Honest and professional with high ethical standards
* Mature, flexible, good judgment and creative problem-solving skills
* Time management and highly organized
* Ability to work independently and as a supportive team member
* Effective, positive and productive communication with administrators, clients and fellow caregivers

**Preferred Qualifications:**

* Previous caregiving experience
* Knowledge or experience in Dementia Care
* Knowledge or experience in Hospice / End of Life Care
* Auto Insurance and a reliable, safe vehicle
* Passion for heart-centric work

Position is Part/Full Time

Office is located at 1017 Water Street, Port Townsend, WA 98368

Position Title: Caregiver

Reports to: Administrators

Wage Range: $15-$21 per hour. Time and a half for overtime.

Benefits: Profit Sharing, Training Reimbursement and Continuing Education

Average weekly hours may fluctuate due to client’s conditions

Please send resume and cover letter to thrive@phc.coop

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|  | Peninsula Homecare CooperativePO BOX 468, Port Townsend, wa 98368(360) 385-9664Application for Employment |

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| --- |
| Applicant Information |
| Name |  | Date |  |
| Street Address |  | Apt/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | Cell Phone  |  |
| Do you have a current WA State C.N.A. license?  |  | WA State H.C.A. license?  |  |
| How did you hear about PHC? |  |
| Email Address |  |
| Do you have upcoming vacation plans?  |
|  |
| Availability |
| What date are you available to begin work? |  |
| Are you available full-time (30-40 hours a week) or part- time (less than 30 hours)? |  |
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| --- |
| List hours you are available to work (please specify by day) |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| From  |   |  |  |  |  |  |  |
| To  |  |  |  |  |  |  |  |

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| EDucation & tRAINING (include Training specific to Home Care)

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| --- | --- | --- |
| Type of Training / Degree | Dates Attended | Degree or Certification |
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| Employment hISTORY |
| Company Name |  | Address  |  |
| Name & Contact Number of Supervisor  |  |
| Job Title  |  |
| Duties and Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| Company Name |  | Address  |  |
| Name & Contact Number of Supervisor  |  |
| Job Title  |  |
| Duties and Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
|  |
| Company Name |  | Address  |  |
| Name & Contact Number of Supervisor  |  |
| Job Title  |  |
| Duties and Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
|  |
| General |
| Why do you want to work at Peninsula Homecare Cooperative and what attracts you to a position as a caregiver?  |
| In your opinion, what are the most important characteristics of a caregiver? |
| Is there anything else you would like to add? |
| Disclaimer and Signature |

PHC is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, sex, sexual orientation, nation origin, age, veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

I certify that the information contained on this application is true and correct to the best of my knowledge. I authorize the references, schools, and previous employers listed on this application to provide PCH with any and all the information they may have. I release all parties and persons listed, PHC or any of its members or employees, from all liability for any damage, except that resulting from misrepresentation, which might result from furnishing information. I further understand that employment is on an “at will” basis and employment is not guaranteed for any term and may be terminated by the PHC or myself for any reason at any time, with or without notice.

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| --- | --- | --- | --- |
| Signature |  | Date |  |