

Scheduling Preference Form

Name _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Home Phone _____

Cell Phone _____ Work Phone _____

May we call you at work? Yes No

Emergency Contact _____ Relation _____

Emergency Contact Phone _____

Facility where you currently work _____

Shifts you want to work: Days (7a-3p) Evenings (3p-11p) Nights (11p-7a)

Facility you want to work at:

- Good Samaritan Regional Medical Center (Corvallis)
- Albany General Hospital
- Lebanon Community Hospital
- Pacific Communities Hospital (Newport)
- North Lincoln Hospital (Lincoln City)

You are a: CNA RN RN Specialty LPN Patient Companion

Other _____

If you will only work specific days, units, or specialties, please note those here: _____

Are you considered a "specialty RN"? If so, please list areas of expertise, noting if you wish to work these areas for Registry assignments. _____