

MAB ADULT DISABILITY SERVICES

Please complete this form and return it with your application form, copy of driving license and any relevant certificates to skinsella@mabcommunity.org.

This form will be used to assess the applicant's preferences when making placement decisions. While MAB makes every effort to accommodate applicant's preferences, it is not possible to accommodate all preferences for all applicants. MAB reserves the right to place successful applicants in the position which it determines best matches the program need and applicant's skills.

Full Name: _____ Date: _____

Cell Phone: _____ Email: _____

Preferred arrival month and year (eg January 2021): _____

Travel method (car, plane, train, other): _____

Would you like to be put in touch with other recruits ahead of time? _____

Preferred location, Greater Boston or Central Massachusetts: _____

Are there any restrictions to the schedule that you are prepared to work (such as not Friday evenings): _____

Check the boxes that most apply and answer every question.

Are you willing to work with the following participants?	Preferred	Yes	No	No preference
High medical need, such as diabetes, g-tubes, seizures.				
Behavior needs requiring frequent verbal interventions				
High personal care needs, such as bathing, dressing, toileting, feeding				
Acquired brain injuries				
Intellectual/developmental disabilities				
Psychiatric disabilities, such a bipolar disorder, personality disorders				
History of substance dependency				
Young adults 22-35				
Adults 35-65				
Older adults 65+				
Semi-independent (living in the community without 24 hour care)				