

American Red Cross of the Susquehanna Valley Nurse Aid Evaluator Monthly Availability Calendar

Month _____

Evaluator Name: _____ Phone: _____

E-mail address: _____ State: _____

Please circle all dates you are available to work.

If you have a location preference, please indicate beside the date.
The initial schedule will be filled using your availability, and then it will
be sent out with the message "EVALUATOR NEEDED" for the dates
and sites that still need an evaluator. Please contact me to fill the
"EVALUATOR NEEDED" spots if you can work that day! Thank you!

Indicate Specific Site
if applicable:

_____	1	DAY	EVENING	NOT AVAILABLE
_____	2	DAY	EVENING	NOT AVAILABLE
_____	3	DAY	EVENING	NOT AVAILABLE
_____	4	DAY	EVENING	NOT AVAILABLE
_____	5	DAY	EVENING	NOT AVAILABLE
_____	6	DAY	EVENING	NOT AVAILABLE
_____	7	DAY	EVENING	NOT AVAILABLE
_____	8	DAY	EVENING	NOT AVAILABLE
_____	9	DAY	EVENING	NOT AVAILABLE
_____	10	DAY	EVENING	NOT AVAILABLE
_____	11	DAY	EVENING	NOT AVAILABLE
_____	12	DAY	EVENING	NOT AVAILABLE
_____	13	DAY	EVENING	NOT AVAILABLE
_____	14	DAY	EVENING	NOT AVAILABLE
_____	15	DAY	EVENING	NOT AVAILABLE
_____	16	DAY	EVENING	NOT AVAILABLE
_____	17	DAY	EVENING	NOT AVAILABLE
_____	18	DAY	EVENING	NOT AVAILABLE
_____	19	DAY	EVENING	NOT AVAILABLE
_____	20	DAY	EVENING	NOT AVAILABLE
_____	21	DAY	EVENING	NOT AVAILABLE
_____	22	DAY	EVENING	NOT AVAILABLE
_____	23	DAY	EVENING	NOT AVAILABLE
_____	24	DAY	EVENING	NOT AVAILABLE
_____	25	DAY	EVENING	NOT AVAILABLE
_____	26	DAY	EVENING	NOT AVAILABLE
_____	27	DAY	EVENING	NOT AVAILABLE
_____	28	DAY	EVENING	NOT AVAILABLE
_____	29	DAY	EVENING	NOT AVAILABLE
_____	30	DAY	EVENING	NOT AVAILABLE
_____	31	DAY	EVENING	NOT AVAILABLE

Fax or Mail to arrive on or before the last day of May

Fax: 1-866-257-6506

Mail: American Red Cross

Attn: Melissa Sloden – Nurse Aid Testing Coordinator

430 West Orange Street

PO Box 4624, Lancaster, PA 17604