



EASTMINSTER
Childcare Worker Application

Name _____ **Birthdate** ____/____/____

Address _____ **City** _____ **State** _____ **ZIP** _____

Home Phone _____ **Cell Phone** _____

Email _____

First Emergency Contact Name _____ **Phone** _____

Second Emergency Contact Name _____ **Phone** _____

Will you need to bring your children with you? ___ **No** ___ **Yes** (please list names & ages of children)

Name _____ **Age** _____ **Name** _____ **Age** _____

Name _____ **Age** _____ **Name** _____ **Age** _____

List all education & certification acquired: _____

Work experience (please specify experience in early childhood): _____

Reference (please list two work and one personal with name, address & phone)

1. _____

2. _____

3. _____

(continue on back)

I would be available (check all that apply):

_____ Sunday, 9 a.m. - 12:30 p.m.

_____ Tuesday/Wednesday,
9:15 a.m. - 1:15 p.m.

_____ Monday, 9 - 11:30 a.m.

_____ Wednesday, 6 - 8 p.m.

_____ Hannah Circle, 1st & 3rd Thursdays, 9 - 11:30 a.m.

_____ Other hours if needed

Statement of Faith: _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information that they may have regarding my character and fitness for working with children, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the leadership and policies of Eastminster Presbyterian

Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Signature

Date



EASTMINSTER

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