

**Creekside Children's Ministry
Employee/Volunteer Application**

Name _____ Date of Birth _____

Address _____ Social Security # _____

_____ Home _____ Cell _____

Marital Status: Married Separated Divorced Widowed Single

Anniversary _____

Church Affiliation _____ Active Member: Yes No

Education: (Last attended, if college list area of study)

Work History: (Name of company, years of employment, and phone number)

Childcare Experience: (Ex. Bible Class Teacher; Motherhood, etc)

List 3 References: (Name, Phone Number and Relationship)

Health Information: (Provide the following)

Allergies _____

Existing Illness _____

Previous Serious Illness _____

Injuries/Previous Injuries _____

Hospitalization during the last 12 months _____

Any medications prescribed for continuous, long term use: _____

I will notify Creekside Kids Preschool of any and all changes of the above information.

List the name, relationship, address, and phone of other responsible individuals, that would be readily available and willing to pick you up in the event of an illness or emergency if the need should arrive:

Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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IN CASE OF EMERGENCY:

Physician's Name _____ Phone _____

Address _____

Insurance Company _____

Group Policy Number _____ Member Number _____

If the above information or my health changes and I fail to document this information, I hereby waive and release any and all rights and claims for damages that may occur or have against Creekside Kids Preschool/Creekside Church of Christ or their instructors or authorized representatives for any injury or illness incurred while employed .

Signature Date _____

In the event of an emergency, I authorize Creekside Kids Preschool to obtain emergency medical care and transport if necessary to the nearest available emergency care facility. I also give my consent for all medical care prescribed by a licensed physician under whatever condition necessary to preserve my life. It is understood that Creekside Kids Preschool/Creekside Church of Christ and all its representatives will not assume any financial responsibility or any expense that might be incurred during any emergency treatment.

Signature Date _____

Attach a copy of your current Drivers License and Social Security Card with this Application.