



Walk to
Emmaus
THE UPPER ROOM

El Shaddai Emmaus Community
of
San Bernardino and Riverside Counties
P.O. Box 12081, San Bernardino, CA 92423

Community Child Care Worker Application (6/14/08)

Name: _____ Home Phone: () _____

Address: _____ Cell Phone: () _____

City: _____ ST: _____ Zip: _____

E-mail Address _____ :

Church You Attend: _____ Denomination: _____

Where did you attend Emmaus/Chrysalis? _____ When? _____

If you have not personally attended Walk To Emmaus or Chrysalis, who referred you to El Shaddai:

Tell us about your qualifications:

Child Care Experience: _____

Babysitting Training: YES NO If YES, state when and where _____

First Aid: YES NO If YES, state when and where _____

CPR or First Aid Training: (Circle which) & state when and where _____

Can you provide your own transportation to and from events: YES NO

Personal References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact: Name/Relationship to You: _____ Phone: _____

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Required if Applicant is under age 18)