

Teacher/Worker/Volunteer Application Form

This application is a combination of the traditional Teacher Application and the screening application required for implementation of our Child Protection Plan (Section III of the Policy Manual). It is intended for all Shanan Home Education (hereafter referred to as Shanan) teachers, workers, and volunteers (i.e. all persons that may be involved in the supervision or custody of minors).

Please fill-out the appropriate sections of this application (as discussed below) and return it to the director. Your identity will be confirmed with a driver's license or other acceptable photographic identification. All information in this application is considered confidential and will be treated as such by Shanan.

Since this is a combined form, intended for all potential applicants, not all sections are required for all positions. Please use the following guidelines to determine which sections of the form are required for you:

Section I – General Information / References (required for all applicants)

Section II – Christian Background (required for all applicants)

Section III – Applicant's Statement and Agreement (required for all applicants)

Section IV – Professional Qualifications (Teacher applicants only)

Section V – Independent Teacher Contract (Teacher applicants only)

What is the description you are applying for (teacher, worker, volunteer)? _____

Please provide a short description: _____

Your interest in Shanan is appreciated. We are always grateful for teachers, workers, and volunteers who are qualified and exemplify Christ by the pattern of their lives. If there are no openings for the position you are applying for, an interview will be arranged for you as soon as an opening occurs.

(Original to be kept on record and a copy to be returned to the teacher.)

Section II - Christian Background (All Applicants)

1. If you died today, where would you go? Why? _____

2. What do you feel, think, and believe about the Bible? Describe your current Bible study or reading habits. _____

3. How does your life remind people of Jesus? Describe your personal witnessing lifestyle.

4. Is there anything currently in your lifestyle that might be a detriment to your testimony as a Christian? YES NO If yes, please explain:

5. What spiritual gifts do you believe you have or want? Why? How has God called you to this ministry? _____

6. Other than professional qualifications discussed in Section IV, what training or education have you received in working with children or youth?

7. What church are you currently a member of and when did you join it? _____

8. Please list the names and addresses of all churches you have attended regularly in the past 5 years beginning with the most recent. _____

Initials: _____

9. Please list all previous church work involving children and youth. Please include church's name, address (unless same as provided in question 8), type of service you performed, and dates of service for each.

10. Please list all previous NON-church work involving children and youth. Please include organization's name, address, type of service you performed, and dates of service for each.

Note: you are uncomfortable with answering questions #11 or #12 here, you may request a private meeting with the director. Failure to answer does NOT automatically disqualify you for service.

11. Have you ever been convicted of, plead guilty to, charged with, or expunged from a crime?
YES NO If yes, please explain: _____

12. Have you ever been a victim of abuse or molestation? YES NO

13. Please describe your Christian testimony (conversion experience):

Section III - Applicant's Statement and Agreement (All Applicants)

The information I have provided in this application is correct and true to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions, criminal background checks, and sex offender registry checks) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Shanana Home Education, Inc. I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information. I have the right to inspect any information provided about me by any person or organization identified by me in this application.

I have read and understand the Shanana Home Education, Inc. Child Protection Plan (Section III Guiding Principals and Policy Manual) on working with children and youth. Should my application be accepted, I agree to be bound by this and other policies of Shanana Home Education, Inc., and to refrain from unscriptural conduct in the performance of my services. I also understand and agree that Shanana Home Education, Inc. reserves the right to refuse supervision responsibilities over their children and youth to anyone for any reason it so chooses.

I understand and agree that criminal background and sex offender registry checks will be done on me in every state I've lived in for the last 10 years. I hereby release any local or state law enforcement department or agency and the FBI to release any information which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said organizations from any and all liability resulting from such disclosure.

Print Maiden Name if Applicable: _____

Print All Aliases: _____

Place of Birth: _____

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Initials: _____

Section IV – Professional Qualifications (Teacher Applicants)

What degree or degrees do you hold?

Degree	Date Received	Institution
_____	_____	_____
_____	_____	_____

What was your major field of study? _____

If you do not have a degree, list the credit hours earned beyond high school:

List educational institutions attended beyond high school:

Institution	Course	Years in attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all your teaching experience:

Place	Instrument or subject	Months of teaching
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other experiences you have had, including honors or awards received:

What instruments or subjects do you prefer to teach (in order of preference) and at what level (beginning, intermediate, advanced)?

Do you have a teaching credential? _____ In what state? _____

What kind? _____

What was your last (is your present) position?

Initials: _____

What foreign languages have you studied? _____

What foreign languages do you speak fluently? _____

Are you willing to submit a written curriculum for the area that you wish to teach?

Please check any of the following for which you have special training, experience or interest.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Mime | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Multimedia | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Sound | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Stage | <input type="checkbox"/> Puppets |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Instrument | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Mechanics |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Other _____ | |

Give any specific information on your areas of interest that might be of interest:

Have you had any Christian education or Bible courses? Please list:

General State of Health: _____

Have you had any recent illness? Yes No If yes, explain: _____

Please check if you have any impairments in: Hearing: Vision: Speech:

Do you have any physical defects that might hinder or limit your teaching efficiency?

Initials: _____

Section V - Independent Teacher Contract (Teacher Applicants)

While serving on the staff of Shanan Home Education, you are acting as an INDEPENDENT CONTRACTOR. Under these circumstances it is your responsibility to reflect your earnings from this organization as part of your income tax return. As an INDEPENDENT CONTRACTOR you are not covered by workmen's compensation, insurance, or benefits that are part of a full-time staff member's benefits at SNCCC.

Teacher Signature: _____

DATE: _____

Director Signature: _____

DATE: _____