

Thank you for your interest in being a substitute teacher at the WIMC Preschool.

Please complete all attached forms and return to the preschool. Once your application has been processed, you will be invited to tour the preschool and complete a short interview.

Substitute teachers report to school from 8:45 AM to 1:00 PM. Substitute pay is \$40.00 a day. Please indicate the days you are available to sub each week below, but know this does not obligate you to any specific day. When you sub you will be assisting the lead teacher and will never be the only teacher in the classroom.
Monday Tuesday Wednesday Thursday Friday
Looking forward to having you work at the Wilmington Island Methodist Church Preschool as a substitute teacher. If you have any questions, please email preschool@islandmethodist.com.
Wendy Amerson Director of Preschool Programs Wilmington Island Methodist Church Preschool

Wilmington Island Methodist Church Preschool Substitute Teacher Form

Name:	
Address:	
	Cell Phone:
Email:	
Why would you like to be a su	ubstitute teacher at the WIUMCP?
What qualities do you have th	nat would help you work with young children?
Have you ever been charged we misdemeanor or a felony (inclor or other crimes of violence, the lifyes, please explain fully:	with, convicted of, or pled guilty to a crime, either a luding but not limited to drug-related charges, child abuse, neft, or motor vehicles violations)? yes no
References: Please list 2 perso	onal references (people who are not related to you by blood aplete address and phone information for each. References
Name:	
Daytime phone:	Evening phone:
Name:	
Daytime phone:	Evening phone:
Relationship to reference:	

(Rev. October 2018)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank,	
	2 Business name/disregarded entity name, if different from above		
Print or type. Specific Instructions on page 3.			instructions on page 3):
	Individual/sole proprietor or G Corporation S Corporation single-member LLC	n 📙 Partnership 🔲 Trust/estate	Exempt payee code (if any)
	Limited liability company. Enter the tax classification (C=C corporation, S Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S, federal tax is disregarded from the owner for U.S, federal tax is disregarded from the owner should check the appropriate box for the	3	
bec	Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.	Requester's nam	e and address (optional)
See S	a riddicas framsor, and april or asserting		
Ñ	6 City, state, and ZIP code	,	
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
Enter	your TIN in the appropriate box. The TIN provided must match the nappropriate box. The TIN provided must match the nappropriate positions is generally your social security nught alien, sole proprietor, or disregarded entity, see the instructions for set, it is your employer identification number (EIN). If you do not have a	mber (SSN), However, for a	security number
Moto:	If the account is in more than one name, see the instructions for line		yer identification number
Numb	er To Give the Requester for guidelines on whose number to enter.		
Par	t II Certification		
Unde	penalties of perjury, I certify that:	•	
2. I ar Se	e number shown on this form is my correct taxpayer identification num in not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a faild longer subject to backup withholding; and	ackup withholding, or (b) I have not bee	n notified by the Internal Revenue
3. l ai	n a U.S. citizen or other U.S. person (defined below); and		
4. Th	FATCA code(s) entered on this form (If any) indicating that I am exen	npt from FATCA reporting is correct.	11 f. 1.15 - 1
you h	ication instructions. You must cross out item 2 above if you have been a ave failed to report all interest and dividends on your tax return. For real e sition or abandonment of secured property, cancellation of debt, contribu than interest and dividends, you are not required to sign the certification,	state transactions, item 2 does not apply tions to an individual retirement arranger	. For mortgage interest paid, nent (IRA), and generally, payments
Sigr Here	Signature of U.S. person ▶	.¹ Date ▶	
	neral Instructions	 Form 1099-DIV (dividends, includ funds) 	ing those from stocks or mutual
noted		 Form 1099-MISC (various types of proceeds) 	of income, prizes, awards, or gross
relate	re developments. For the latest information about developments and to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or mutual fur transactions by brokers) Form 1099-S (proceeds from real 	
Purpose of Form		Form 1099-K (merchant card and third party network transactions)	
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number		 Form 1098 (home mortgage inter- 1098-T (tuition) 	
		 Form 1099-C (canceled debt) 	
toyn), individual taxpayer identification number (ITIN), adoption ayer identification number (ATIN), or employer identification number	 Form 1099-A (acquisition or aband 	
(EIN)	to report on an information return the amount paid to you, or other up reportable on an information return. Examples of information	Use Form W-9 only if you are a Ualien), to provide your correct TIN.	, , , ,
	ns include, but are not limited to, the following. m 1099-INT (interest earned or paid)	If you do not return Form W-9 to be subject to backup withholding.	the requester with a TIN, you might See What is backup withholding,

later.

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

l,	, here by authorize WIUMC Church to request
the PROTECT MY MINISTRY to release convictions contained in its files, or file is a local, state, or national file, a convictions for crimes committed ag and federal law. I do release said po	se information regarding any record of charges or in any criminal file maintained on me, whether said and including but not limited to accusations and gainst minors, to the fullest extent permitted by state blice/sheriff's department, or other company, from all the charge of the charge in response to this request.
Signature of Applicant	Date
Print applicant's FULL NAME:	
Print all other names that have been	n used by applicant (if any):
·	
Date of Birth:F	Place of Birth:
Gender: Male	Female
	7
Social Security Number:	Driver's License
	License expiration Date:
LIST each address at which you have	e resided in for the last 5 years:
ADDRESS:	
ADDRESS:	
ADDRESS:	
Applicant's Current Name:	,
ADDRESS:	•
PHONE:	

	age) and provide complete address and dential.	d phone information for each. References are
1.	Name:	
	Address:	
	Daytime Phone:	Evening:
	Relationship to reference:	
2.	Name:	
	Address:	
	Daytime Phone:	Evening:
	Relationship to reference:	
3.	Name:	
	Address:	
	Daytime Phone:	Evening:
	Deletionship to reference:	

Signature of applicant

Date

References: Please list three personal references (people who are not related to you by blood or

1) Please go to https://tinyurl.com/3yda495h to view the 30 minute training video
2) Complete the test below, sign and date
3) Return completed test along with your packet

Sate Sanctuary Certification Test
1. Who must go through the Safe Sanctuary training?
2. The Safe Sanctuary policy is for the protection of the children/youth, the staff, the volunteers, and the church.
True or False
3. Is a background check required for all adult volunteers?
4. Must all volunteers be members of the church?
5. How many teachers must be in a classroom?
6. What is the purpose of a "roving" adult?
7. What is done if the classroom is used by children/youth has no window?
8. Children are not allowed to be left alone with (number) adult.
9. Is corporal punishment used at the Wilmington Island United Methodist Church?
10. Should children be sent from the classroom to the restroom alone?
11. To whom is alleged abuse reported?
12. Everyone certified through Safe Sanctuary is required to renew their certification to continue working with children/youth.
True or False

Signature

Date