



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 \$45.00 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](mailto:preschool@islandmethodist.com).

Wendy Amerson  
Director of Preschool Programs  
Wilmington Island Methodist Church Preschool

195 Wilmington Island Road Savannah, Georgia 31410  
912-897-2835

Email- [preschool@islandmethodist.com](mailto:preschool@islandmethodist.com)  
Website- [islandmethodist.com](http://islandmethodist.com)

# Wilmington Island Methodist Church Preschool Substitute Teacher Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Why would you like to be a substitute teacher at the WIUM/CP?

\_\_\_\_\_  
\_\_\_\_\_

What qualities do you have that would help you work with young children?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft, or motor vehicles violations)? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: Please list 2 personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

|  |  |   |
|--|--|---|
|  | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  |   |
|  | 2 Business name/disregarded entity name, if different from above   |   |
|  | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small><br><br><input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><small>(Applies to accounts maintained outside the U.S.)</small> |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.  | Requester's name and address (optional)   |
|  | 6 City, state, and ZIP code  |   |
|  | 7 List account number(s) here (optional)   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|   |  |  |  |  |   |  |  |  |  |
|---|--|--|--|--|---|--|--|--|--|
| Social security number  |  |  |  |  |   |  |  |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  |  |  |  | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  |  |  |  |
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|   |  |  |  |  |   |  |  |  |  |
| or  |  |  |  |  |   |  |  |  |  |
| Employer identification number  |  |  |  |  |   |  |  |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  |  |  |  | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  |  |  |  |
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|           |                                  |              |
|-----------|----------------------------------|--------------|
| Sign Here | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|-----------|----------------------------------|--------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

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 (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

# Employee/Volunteer Authorization and Request for Criminal Records Check

I, \_\_\_\_\_, hereby authorize Wilmington Island Methodist Church to request **PROTECT MY MINISTRY** to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department, or other company, from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Print **FULL** Name: \_\_\_\_\_

Print all other names that have been used (if any):

\_\_\_\_\_  
\_\_\_\_\_

\*Social Security number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Dr's License Number: \_\_\_\_\_ \*State Issuing License: \_\_\_\_\_

Gender: Male Female (circle one)

\*required