



**ASSISTANT TEACHER
APPLICATION FORM**

MDO Program at Forcey Bible Church

Name of Applicant: _____

Qualifications:

- Growing Christian
- Enjoy working with children (2 through 4 years old)
- 2 years of teaching/working experience with children

Responsibilities:

- Support Lead Teacher and Director to plan and conduct Christ-centered learning experience for age group
- Participate in staff planning meetings and team building activities
- Available September-May Monday and/or Wednesday 9am-2pm

Compensation:

- \$15/hour; \$0.25/hour raise each consecutive year worked
- 1 of your children attends MDO for free

ASSISTANT TEACHER APPLICATION FORM

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Name: _____ DOB: _____

Address: _____

SS#: _____ E-mail: _____

Phone #: _____ Cell Phone #: _____

Current Church: _____ Denomination: _____

of Years Attended: _____ Phone # of Church: _____

Address of Current Church (may be contacted for reference):

If you attended your current church for less than 1 year, please provide contact information for your former church:

Name: _____ Phone #: _____

Address: _____

Children (ages): _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Phone #: _____ Cell Phone #: _____

SCHOOL(S) ATTENDED:

School	Degree (if any)	Dates
_____	_____	_____
_____	_____	_____

TEACHING EXPERIENCE:

(educational experience in public or private school, day care, Sunday School, nursery, etc.)

School/Church	Position	Dates
_____	_____	_____
_____	_____	_____

PERSONAL INTEREST:

State briefly your motivation in serving as a staff member in this program:

SPIRITUAL PREPARATION:

State briefly how you came to know Christ as your personal Savior:

State briefly your personal relationship with God:

It is the desire of MDO to bring each family closer to our Lord and Savior, Jesus Christ. Briefly and simply state how you would tell someone how they can come to know Jesus as their Savior:

REFERENCES:

Please give the names of 3 people who have observed your interaction & behavior with children:

1. Name: _____ Phone #: _____
Address: _____

2. Name: _____ Phone #: _____
Address: _____

3. Name: _____ Phone #: _____
Address: _____

I authorize MDO to verify the information on this form. MDO may contact my references including my current and/or former church.

Signature: _____ Date: _____