



CALVARY CHRISTIAN SCHOOL

PARA-PROFESSIONAL APPLICATION

511 South Main St. • Deer Park, WA 99006 • 509.276.3141

Application Date: _____

Date Available: _____

We are excited for your desire to participate in this ministry.
We are looking for paraprofessionals with the following criteria:

- **Child of God:** Each aid must have an active personal relationship with Jesus Christ.
- **Called of God:** Each aid must be called of God to participate in this ministry, seeing it as a calling, not a job. Isaiah 54:13 "All children *shall be* taught by the LORD, and great *shall be* the peace of your children."
- **Servant of God:** Each aid must have a love for children and desire the best for each student.

After reading and considering these criteria, ask the Lord whether or not you should apply. If you feel the Lord's leading into this ministry, fill out the application and return it to the school.

APPLICANT'S PERSONAL INFORMATION:

Applicant's Information: () Miss () Mrs. () Mr.

Last Name:

First:

Middle:

Physical Address:

Apt/Bldg

City:

State:

Zip Code:

Mailing Address: (if different than above)

City:

State:

Zip Code:

Home Phone:

()

Cell Phone:

()

E-Mail Address:

Marital Status: () Married () Widowed () Separated
() Divorced () Single

AREA OF INTEREST:

() 1st () 2nd () 3rd () 4th () 5th () Substitute

CHRISTIAN BACKGROUND:

Please describe your walk with the Lord at this present time:

Do you attend church? () Yes () No If so, what church?

Please list your Pastor's name and phone #:

Please describe your current involvement in church, including volunteer experiences:

What services/Bible studies do you attend?

How often do you attend services/Bible studies?

Are you a born-again Christian? ☐ Yes ☐ No ☐ I'm not sure

Please give your personal testimony of your relationship with Jesus Christ and when you asked Him to be your Lord and Savior. Attach an additional sheet of paper if necessary.

What is the Lord teaching you at this time in your life?

Do you feel the Lord has called you to work at CCS? How so?

PROFESSIONAL QUALIFICATIONS:

EDUCATION:

School	Date Graduated	
Institution / School	Date Received	Degree/Major/Minor

TEACHING EXPERIENCE:

Sequentially list your experience in which you taught/aided in a school setting with most recent first.

Place / Location	Grade / Subject	Dates

Number of years employed: Public _____ Christian _____

Reason for leaving your most recent position:

REFERENCES:

Name	Phone	Position / Relationship

Do you have any additional information you would like to share with us, personal or professional, including what qualities you could bring to our school as a para-professional here at CCS?

MEDICAL INFORMATION:

Do you have any health conditions we need to be aware of?

Do you have any physical handicaps or other conditions that might affect your ability to teach/work?
() Yes () No If yes, please explain:

Do you have any evidence of hearing or vision difficulties? () Yes () No If yes, please explain:

Do you currently take prescription medications? () Yes () No If yes, please explain:

Will these be administered during school hours? () Yes () No

CLEARANCES:

Have you been arrested for child molestation/endangerment? () Yes () No

Have you ever been convicted of a crime? () Yes () No

If yes, please explain:

INTERVIEW PROCESS:

A personal interview will be required and arranged as soon as all required materials are received. If you have any questions, please contact the administration

Required Materials:

- Paraprofessional application
- Transcripts
- Clearances (if applicable)
- Statement of Faith

APPLICANT SIGNATURE:

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's/youth work. I release all such reference from liability for any damage that may result from furnishing such evaluation to you and I waive any right that I may have to inspect references provided on my behalf.

Applicant's Signature:

Date: