



**Harvester Christian Academy
Substitute Information
2017-2018**

Full Name: _____

1st Contact Number: _____ Cell ____ Home ____

2nd Contact Number: _____ Cell ____ Home ____

Email Address: _____

Please circle the following days that you are available to substitute:

Any day Monday Tuesday Wednesday Thursday Friday

Please circle a grade/class preference that you would like to substitute:

All grades K4 K5 1st 2nd 3rd 4th 5th 6th PE Art Music
EE Middle School High School Lunch Room Office

Please indicate the earliest time that you can be contacted as well as the latest time you can be contacted:

Earliest: _____ Latest: _____



Association of Christian Schools International

ACSI Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).
2. We believe there is one God, eternally existent in three persons- Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30)
3. We believe in the deity of Christ (John 10:33),
His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35),
His sinless life (Hebrews 4:15, 7:26), His miracles (John 2:11),
His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9),
His Resurrection (John 11:25, 1 Corinthians 15:4),
His Ascension to the right hand of God (Mark 16:19),
His personal return in power and glory (Acts 1:11, Revelations 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved. (John 3:16-19; 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation. (John 5:28-29)
6. We believe in the spiritual unity of believers in our Lord Christ Jesus (Romans 8:9, 1 Corinthians 2:12-13, Galatians 2:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enable to live a godly life (Romans 8:13-14; 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).

Harvester Christian Academy Faculty/ Staff Member:

Signature: _____ **Date:** _____

Position at Harvester: _____

Non-Criminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

You must be provided written notification that your fingerprints will be used to check the criminal history records of the Georgia Crime Information Center (GCIC) and the FBI when a federal record check is so authorized.

If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

The agency must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the agency may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your criminal history may be obtained at <http://gbi.georgia.gov/obtaining-criminal-history-record-information>.

If you decide to challenge the accuracy or completeness of your criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at <http://gbi.georgia.gov/obtaining-criminal-history-record-information>.

If you need additional information or assistance, please contact the Georgia Crime Information Center at GAapplicant@gbi.ga.gov or 404-244-2639 option 2.

Signature

Date

Notary

Expiration Date

NATIONAL CRIMINAL BACKGROUND CONSENT FORM

I hereby authorize Harvester Christian Academy and its representatives or designees to perform a national criminal background check. I understand that they will receive criminal record information pertaining to me which may be in federal, state or local agency files.

NAME: (Last) _____ (First) _____ Middle _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ RACE: _____ DOB: _____ SSN# _____

Employment with children (Purpose code "W")

Further, I give consent to Harvester Christian Academy and its representatives or designees to perform periodic criminal history background checks for the duration of my employment with Harvester Christian Academy.

SIGNATURE: _____

DATE: _____

NOTARY: _____ EXP DATE: _____

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																																							
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Social security number</td></tr><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr><tr><td colspan="3">-</td><td colspan="3">-</td><td colspan="3"></td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr><tr><td colspan="3">-</td><td colspan="3">-</td><td colspan="3"></td></tr></table>	Social security number																		-			-						Employer identification number																		-			-					
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Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none">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), and2. 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, and3. I am a U.S. citizen or other U.S. person (defined below).	
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 on page 4.	
Sign Here	Signature of U.S. person ▶ _____
	Date ▶ _____

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

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Harvester Christian Academy

Mandatory Reporting Training for Staff, Coaches, and Volunteers

Mandatory Reporting Training and Quiz

Please read and answer the following questions. Doing so will prepare you for working directly with the students of Harvester Christian Academy by informing you of the requirements of the law regarding mandatory reporting in Georgia (House Bill 1166). All answers for most quiz questions will be correct. Answers marked with a * are required.

Full Name: _____

Your Title? (Please check all that apply)*

School Staff Member

School Faculty/Teacher

Coach

Substitute Teacher

Volunteer

Other (Please specify) _____

The three outcomes of this training are:

1. To help you become familiar with mandatory reporting obligations
2. To help you recognize the signs of five forms of child abuse
3. To help you understand the Harvester Christian Academy reporting protocol

Please check the number of outcomes listed for this training. *

1 (one)

2 (two)

3 (three)

A mandatory reporter is anyone who has direct contact with a child and has agreed to look out for the welfare of that child.

Mandatory reporters are police officers, nurses, firemen, teachers, day care workers, coaches, tutors, substitute teachers, bus drivers, field trip chaperones, and others who by profession or volunteering supervise children.

From the list below, select those who are responsible for reporting the suspected abuse of a child (check all that apply): *

- Pastor/Priest
- Teacher's Aide
- Piano Instructor
- Babysitter
- Baseball Coach
- Sunday School Teacher

A mandatory reporter must report his/her suspicion of abuse within 24 hours to the county office of the Department of Children and Families (DFACS) or 1-855-GA-CHILD (1-855-422-4453).

If immediate danger is suspected, call 911.

When should you report suspected abuse? (check all that apply) *

- Immediately, if there is imminent danger.
- Within 24 hours of my suspicion.

A mandatory reporter must report his/her suspicion of abuse within 24 hours to the county office of the Department of Children and Families (DFACS) or 1-855-GA-CHILD (1-855-422-4453).

The Douglas County DFACS Office phone number is (770) 489-3000.

Please select one option below: *

- These numbers are stored in my cell phone.
- I have recorded these numbers for future reference.
- I have not recorded or stored these numbers, but I know I must report suspicions of abuse to my county DFACS office.

Failure to report your suspicion of child abuse is a misdemeanor which is punishable by a fine up to \$1,000 and/or jail time.

Can one be found guilty in court for failure to report a suspicion of child abuse? *

- Yes
- No

There are five main forms of child abuse:

- Neglect
- Physical
- Emotional
- Sexual
- Sexual Exploitation

Which of the following might indicate physical abuse? (check all that apply) *

- A pattern of bruising in various stages of healing
- A burn in the shape of an object
- An unexplained black eye
- A fear of one in authority

There are five main forms of child abuse:

- Neglect
- Physical
- Emotional
- Sexual
- Sexual Exploitation

Which of the following might indicate neglect? (check all that apply) *

- Constant hunger
- Poor hygiene
- An unkempt appearance
- Begging, stealing or hoarding food

There are five main forms of child abuse:

- Neglect
- Physical
- Emotional
- Sexual
- Sexual Exploitation

Which of the following might indicate sexual abuse or sexual exploitation? (check all that apply) *

- Difficulty standing or walking
- Torn or bloody undergarments
- Sexual knowledge beyond maturity level
- Obsessive genital contact
- Unexplained or uncharacteristic bursts of crying

There are five main forms of child abuse:

- Neglect
- Physical
- Emotional
- Sexual
- Sexual Exploitation

Which of the following might indicate emotional abuse? (check all that apply) *

- Poor peer relations
- Child resists going home
- Speech disorders
- Failure to thrive
- Poor or little eye contact

Spanking/Corporal punishment is lawful in Georgia. Leaving welts, cuts, and/or bruising after spanking might be considered abuse.

Does a parent have the right to spank his/her child in Georgia? *

- Yes
- No

The role of the caregiver includes the following:

- Be aware of signs of abuse.
- Notice family interactions and stressors.
- Listen to the child.
- Avoid asking "why" questions.
- Act on your suspicions quickly.

When a child reports an incident which causes you concern, it is your responsibility to listen. It is not your responsibility to interrogate the child. Follow the "One Interview Rule". There should only be one interview at the school level. It should be conducted by a trained staff member.

Faculty and staff members must report suspicions of abuse to the Headmaster or the Principal as soon as possible.

Volunteers may report suspicions of abuse to the Headmaster or the Principal, but must report to DFACS within 24 hours.

Please read the following items. Check all those which are true. *

- Volunteers are required to report suspicions of abuse to DFACS within 24 hours.
- Staff and Faculty members must report their suspicions to one of the school administrators immediately.
- It is not the responsibility of a volunteer to interview a child.
- Only one child interview by a trained professional should be conducted at the school level.
- It is not my responsibility to provide proof of abuse. I must report my suspicion.

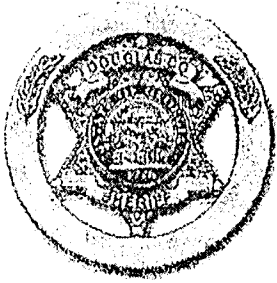
More information and comprehensive training on mandatory reporting in Georgia can be found at <http://oca.georgia.gov/mandated-reporter>.

Please indicate your agreement with the following statement:

As an employee and/or volunteer of Harvester Christian Academy (HCA), I understand my responsibilities under Georgia law and the Mandated Reporter protocols of HCA. I agree to follow these guidelines, and I willingly agree to supervise children and report any suspicions of the abuse of a child to the proper authorities.

*

- I agree



Douglas County Sheriff's Office

Tim Pounds, Sheriff

Kenneth Conner, Chief Deputy
Doug Oliver, Colonel

8470 Earl D. Lee Boulevard
Douglasville, Georgia 30134
(770) 942-2121

STATE OF GEORGIA CRIMINAL BACKGROUND CHECK

I HEREBY AUTHORIZE:

(NAME OF PERSON RECEIVING HISTORY FROM THE DOUGLAS COUNTY
SHERIFF'S OFFICE)

TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY
BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY, IN THE STATE OF
GEORGIA.

NAME:

(LAST) (FIRST) (MIDDLE)

ADDRESS:

(STREET NAME)

CITY: STATE: ZIP:

SEX: RACE: DOB: SS#:

SIGNATURE:

DATE:

NOTARY: EXP. DATE:

SPECIAL EMPLOYMENT PROVISIONS (CHECK ONLY ONE IF APPLICABLE)

- REGULAR EMPLOYMENT (PURPOSE CODE 'E')
- EMPLOYMENT WITH CHILDREN (PURPOSE CODE 'W')
- EMPLOYMENT WITH ELDER CARE (PURPOSE CODE 'N')
- EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE 'M')
- PUBLIC ACCESS (PURPOSE CODE 'P') * FELONY CONVICTIONS ONLY

ONE OF THE FOLLOWING MUST BE CHECKED.

- THIS AUTHORIZATION IS VALID FOR 90/180 (CIRCLE ONE) DAYS FROM DATE OF SIGNATURE
- I, _____ GIVE CONSENT TO THE
ABOVE NAMED TO PERFORM PERIODIC GEORGIA STATE CRIMINAL BACKGROUND CHECKS
FOR THE DURATION OF MY EMPLOYMENT WITH THIS COMPANY.