



LIGHTHOUSE INSTRUCTION FOR ENRICHMENT

Teacher Compensation & Job Description

Teachers will receive a salary per class/hr dependent on class designation and class length. A minimum of 6 students is required to hold the class. Additional compensation may be possible for a student registration of more than 6 in a class. Teachers will be required to satisfy a background check. Please fill out and return a notarized copy of the background check form and \$20.00 with your application. Completing an Independent Contractor form is also required for monetary compensation purposes.

Please see teacher responsibility page for detailed teacher requirements.

What will be provided:

Curriculum, Classroom forms and materials

Class roster (after registration period is complete)

Training on Engrade

Lots of support and encouragement!

Teachers will be given curriculum to review well in advance of the beginning of the school year. There will be two in-service days and one run through meeting to prepare for the school year, and one monthly staff meeting during the school year. Additional in-service days can be scheduled dependant on teacher needs. Teachers will also be responsible for monitoring their class at lunch and recess if a parent volunteer is not available. Each class will prepare a brief activity, demonstration, etc.. for the end of year party.

8655 Cameron Dr., Olive Branch, MS 38654

life4enrichment@yahoo.com

www.life4enrichment.org

Phone: 662-893-8981 (Michele)

Cell : 901-361-3880



LIGHTHOUSE INSTRUCTION FOR ENRICHMENT

Teacher Application

Please Print

Mr., Mrs., Miss (circle) Full Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Phone: (____) _____ Cell: (____) _____

Emergency Contact Name: _____

Relation to you: _____ Phone: (____) _____

• LIFE requires a background check for all Teachers and Directors. We ask that you provide a letter of verification if you have previously had a background check done. If you have not had one done, a background check form will be provided. Return it and \$20 to one of the Directors.

• LIFE requires all Teachers to read and sign the Statement of Faith.

• Are you willing to operate to the best of your ability under the principles of LIFE's Statement of Faith as a teacher at LIFE?: Yes No

Comments:

• How did you hear about LIFE?:

• In what position(s) are you willing to teach? Circle all that apply. You may choose to teach individual grade levels of a particular subject area or choose to teach one grade for all subjects. Please specify your preference(s) in the Comments section below.

Art	Science Lecture	History	MathTutoring/Games
Music	Spanish	Language Arts	HS Enrichment
Kindergarten	Science Lab	Latin	elective
	Drama	Writing	

Comments:

• Please list 3 personal references with phone numbers:

1. _____
2. _____
3. _____

Thank you for completing this application. Please return it in person to a Director or by mail. If you have any questions, please use the contact numbers below.

8655 Cameron Dr., Olive Branch, MS 38654
life4enrichment@yahoo.com
 www.life4enrichment.org
 Phone: 662-893-8981 (Michele)
 Cell : 901-361-3880



Lighthouse Instruction for Enrichment

STATEMENT OF FAITH

WE BELIEVE THAT GOD, MAKER OF HEAVEN AND EARTH (GEN 1:1) THROUGH HIS GREAT LOVE FOR HUMANITY; SENT HIS ONLY BEGOTTEN SON JESUS CHRIST TO REDEEM MANKIND BACK TO FELLOWSHIP WITH HIM (JOHN 3:16-17). THAT SAME JESUS, OUR LORD AND SAVIOR, WAS CONCEIVED BY THE HOLY SPIRIT, BORN OF THE VIRGIN MARY (MATT. 1:18), SUFFERED UNDER PONTIUS PILATE, WAS CRUCIFIED, DIED AND WAS BURIED; THE THIRD DAY HE AROSE FROM THE DEAD; HE ASCENDED INTO HEAVEN, AND SITTETH AT THE RIGHT HAND OF GOD THE FATHER ALMIGHTY (ACTS 2:22-24, 32-33). FROM THENCE HE SHALL RETURN TO JUDGE THE RIGHTEOUS AND THE UNRIGHTEOUS (MATT.. 25:31-34).

ONLY THROUGH BELIEF IN AND ACCEPTANCE OF JESUS CHRIST AND HIS SHED BLOOD ON CALVARY'S CROSS CAN MANKIND BE SAVED (ROM 10:9,10). WE BELIEVE IN THE HOLY SPIRIT (JOHN 14:26), THE FORGIVENESS OF SINS (I JOHN 1:7-9), THE RESURRECTION OF THE BODY, LIFE EVERLASTING (I THESS. 4:13-18), AND THE BIBLE TO BE THE INSPIRED, INFALLIBLE WORD OF GOD (II TIM. 3:16).

Signature

Date



BACKGROUND CHECK
INFORMATION

Name: _____
(Last, First, Middle)

Other Names Used: _____

Race: _____ Sex: _____ Date of Birth: _____ State of Birth _____

Social Security Number: _____

Driver's License Number: _____

Current Address (If Available):

Street: _____

City: _____

State: _____ Zip: _____

**I GIVE MY CONSENT TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND
RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:**

Name: _____ Lighthouse Instruction For Enrichment, Inc.
(First/MI/Last Name or full name of agency)

Mailing Address: _____ PO Box 1155
(Street)

_____ Olive Branch, MS 38654
City State Zip Code

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

STATE OF _____

§
COUNTY OF _____

Subscribed and sworn before me, a Notary Public in and for the county and state aforesaid, this the
_____ day of _____, 20_____.

Notary Public

**LIGHTHOUSE INSTRUCTION FOR
ENRICHMENT, INC.**

INDEPENDENT CONTRACTOR AGREEMENT

THIS AGREEMENT made and entered into (_____) by and between (Name) _____
_____ hereinafter referred to as
"Independent Contractor," and Lighthouse Instruction For Enrichment, hereinafter
referred to as "L.I.F.E."

WITNESSETH:

THAT WHEREAS, the Independent Contractor has submitted to L.I.F.E a proposal for
the performance of certain services; and

WHEREAS, the parties hereto desire to reduce the terms of this agreement to writing;

NOW, THEREFORE, for and in consideration of the mutual promises to each other, as
hereinafter set forth, the parties hereto do mutually agree as follows in items 1-13:

1. The Independent Contractor hereby agrees to perform in a manner satisfactory to
L.I.F.E, Duties) _____ Educational Instruction _____

The Independent Contractor represents that he/she is not an employee of L.I.F.E or any
other host facility associated with L.I.F.E.

Tax Reporting and Withholding Requirements:

*Independent Contractors. L.I.F.E is not required to withhold federal or state tax or social security
on payments made to independent contractors. Independent Contractors will be sent a Form
1099-Misc. at the end of the calendar year if the payment(s) made during the year aggregate to
more than \$600. Backup withholding is required if the Independent Contractor does not furnish
L.I.F.E with a Taxpayer Identification Number.*

3. Work proposed to be performed under this contract by the Independent Contractor or
shall not be subcontracted without prior written approval of L.I.F.E.

4. The services of the contract are to commence on or about September 7, 2006 and to
conclude on or about April 30, 2007.

5. If, through any cause, the Independent Contractor shall fail to fulfill in a timely and
proper manner the obligations under this agreement, the L.I.F.E. shall there upon have the
right to terminate this contract by giving written notice to the Independent Contractor of
such termination and specifying the effective date thereof.

6. L.I.F.E. may terminate this contract at any time by giving written notice to the
Independent Contractor of such termination and specifying the effective date thereof.

7. The Independent Contractor shall be paid by L.I.F.E. as follows:

The Independent Contractor is responsible for any and all expenses incurred. L.I.F.E. will not be responsible for expenses incurred for this service.

8. The Independent Contractor shall be required to comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of this business and the work to be performed, including those of Federal, State, and local agencies having jurisdiction and/or authority.

9. The Independent Contractor shall be wholly responsible for the work to be performed.

10. This contract and any documents or exhibits incorporated specifically by reference represent the entire agreement between the parties and supersede all prior oral or written statements or agreements.

11. The contract may be amended only by written amendments duly executed by L.I.F.E. and the Independent Contractor.

12. It is agreed, between the parties, that the place of this contract, its status and form, shall be DeSoto County, Mississippi, where all matters whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

13. The Independent Contractor hereby expressly agrees to indemnify and save harmless L.I.F.E., staff personnel, volunteers, clients and host facility from claims, suit, actions, damages and costs of every name and description arising out or resulting from Contractor's negligent acts or omissions.

Lighthouse Instruction For Enrichment:

Approved By: _____
Director Date

Approved By: _____
Director Date

Approved By: _____
Director Date

INDEPENDENT CONTRACTOR'S NAME:

Accepted By: _____
Signature Date

(Printed Name) Social Security Number

Mailing Address

Please return signed form as soon as possible to ensure your receipt of timely payment after services are satisfactorily rendered.