



Instilling Goodness Elementary School
 Developing Virtue Secondary School
 育良小學 培德中學



City of Ten Thousand Buddhas
 2001 Talmage Road, P.O. Box 217, Talmage, California 95481-0217 USA
 Boys' School (707) 468-1138; Girls' School (707) 468-3896, (707) 468-3847

TEACHER APPLICATION FORM

Name: _____ Date: _____

Address: _____ E-mail: _____

Telephone: _____ Social Security #: _____

Please list language proficiencies: _____

Work Experience: *Please list the most recent position first. Please also attach a resume.*

Position	Dates (mo/yr)	Organization
	/ to /	
	/ to /	
	/ to /	

Please briefly describe your occupational history:

References: *If possible, please indicate below those who have knowledge of your teaching experience (e.g. superintendents, principals, teachers, mentors, supervisors, etc.).*

Name	Position / Relationship	Address	Phone #

Educational Background: *Please list secondary schools and colleges attended (starting with most recent).*

Name of School	City, State, & Country	Credits / Degree	Dates Attended (mo/yr)
			/ to /
			/ to /
			/ to /
			/ to /

Certification / License:

Type	Endorsement / Approved Areas	State & Certification #	Expiration Date
			/ /
			/ /
			/ /

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Questions: *(attach separate sheet if necessary)*

Why would you like to volunteer in Instilling Goodness and/or Developing Virtue Schools?

What subject areas and/or grade levels would you be most interested in teaching?

1. _____
2. _____
3. _____

Indicate any other relevant talents, hobbies, or interests that you have:

Could you briefly describe your experience with Buddhism and/or your religious background?
(IGDVS welcomes people from all religious or non-religious backgrounds.)

PLEASE NOTE that all volunteers accepted to work in the schools are required to ***pass a background check*** through Live Scan fingerprinting (fees will be paid for by the school) and have a ***current negative T.B. test.***

I HEREBY CERTIFY that, to the best of my knowledge all statements made herein are true and correct and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant

Date