

Helias Catholic High School

1305 Swifts Highway, Jefferson City, Mo 65109
573-635-6139 573-635-5615 fax

Substitute Teaching Information

To be considered as a substitute teacher with Helias Catholic High School you must do the following:

- 1. Complete and submit the Helias Catholic High School Substitute Teacher application and include the following documents:**
 - a. Helias Catholic High School Substitute Teacher Application
 - b. W-9 Request for Taxpayer Identification Number and Certification
 - c. Two current letters of reference. The signed and dated letters can be business or personal, typed or handwritten.
 - d. College transcript as applicable. (Unofficial/photocopy is acceptable)

- 2. Complete the Diocese of Jefferson City Safe Environment Program Background Check:**
 - a. Safe Environment Program Background Check must be complete prior to Substitute teaching
 - b. Mail the completed form to:

Associate to the Chancellor
PO Box 104900
Jefferson City Mo 65110

- 3. Attend and Complete Virtus Training for the Diocese of Jefferson City**
 - a. <https://www.virtusonline.org/virtus/>
 - b. Virtus Training must be completed prior to substitute teaching

- 4. Rate of Pay**
 - a. The current rate of pay for substitute teachers is \$75.00 per day
 - b. Parents may opt for a tuition reduction in lieu of payment

Diocese of Jefferson City

Safe Environment Program Background Check Acknowledgement Form

(Please Print)

First Name	Middle	Last Name
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Address: _____

Phone: _____

Social Security Number _____ - _____ - _____

Driver License Number _____

Birthdate: _____ / _____ / _____
 Month Day Year

PLEASE CHECK THE DESCRIPTION OF YOUR SERVICE

I am a volunteer: _____

I am an employee: _____

My service/job/ministry is _____

My Parish is _____

The information listed above is true and correct. I understand that it will be treated as confidential as required by law. I understand that the information will be used for a routine background check in keeping with the Safe Environment Program of the Diocese of Jefferson City.

SIGNATURE: _____

DATE: _____

Mail completed form to:
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Jefferson City, Mo 65110