

**South Carolina Baptist Congress of Christian Education  
Office of the Dean**

CONFIRMATION OF AVAILABILITY FORM

**Directions:** Please place a checkmark in the box that signifies your confirmation of availability to serve as an instructor in the Annual Session of the SC Baptist Congress of Christian Education held the second week in July. **Please note that assignments are made for one year and submission of this form does not guarantee a faculty position, in that the final decision is made by the Dean's Office.** This form must be returned to the Dean's Office. Please email to: [DeanAdger2125@gmail.com](mailto:DeanAdger2125@gmail.com) For any questions please contact 803-566-1009

I am willing to meet the requirements necessary to be a part of the faculty and I would like for my name to be put in the pool of instructors for the Annual Session of the SC Baptist Congress of Christian Education held on July 10-15, 2022.

I regret that I will not be able to serve as a faculty member at the Annual Congress Session.

**In the previous year's Annual Congress Session I served as:**

- |   |   |
|---|---|
| <input type="checkbox"/> Dean's Staff Personnel | <input type="checkbox"/> Assistant Instructor |
| <input type="checkbox"/> Coordinator            | <input type="checkbox"/> Hall Monitor         |
| <input type="checkbox"/> Co-Coordinator         | <input type="checkbox"/> Musician             |
| <input type="checkbox"/> Instructor             |   |

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Course # \_\_\_\_\_ Course Title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**South Carolina Baptist Congress of Christian Education  
Office of the Dean**

CONFIRMATION OF EDUCATION

**Directions:** Please fill out the below educational information, and also please provide a copy of your transcript, or certification information. **Please note that all final decisions are made by the Dean's Office.** This form must be returned to the Dean's Office. Please email to: [revmadger@gmail.com](mailto:revmadger@gmail.com)

<u>Institution</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Major/Minor</u>

\*\*Have you ever been convicted of any felonies?

- Yes
- No

If you have selected Yes Please give a brief explanation:

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Printed Name: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date