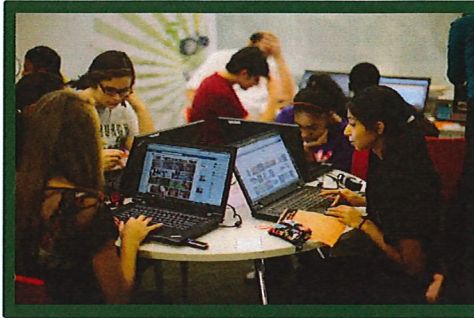


# ChautauquaWorks

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**PLEASE KEEP THIS PAGE FOR YOUR REFERENCE**

**ARE YOU ELIGIBLE for the  
Summer Youth Work Experience Program?**



**Build a Resumé**



**Earn Money**



**Explore Career Interests**

**Income:** Does your family receive Medicaid, SNAP Benefits (NOT PEBT), Family Assistance, SSI or HEAP?

**If not,** is your annual household income at or below:

HOUSEHOLD SIZE	YEARLY INCOME:
1	\$27,180
2	36,620
3	46,060
4	55,500
5	64,940
6	74,380
7	83,820
8	93,260

For family units with more than eight members add \$9,440 annually for each additional family member.

**Age:** Are you between the ages of 14 and 20?

If you answered "yes" to the above questions, you may qualify for the **Summer Youth Work Experience Program.**

Let us know if you are interested in participating in this program by filling out the enclosed Eligibility Packet. All areas highlighted in yellow must be filled out. All area's in green must be filled out if applicable. Fill out and return this Eligibility Packet to **Chautauqua Works, Attn: Jody Cheney, 4 E. 3<sup>rd</sup> Street, Jamestown, NY 14701** by the

**DUE DATE OF MAY 20, 2022**

Completion of the Eligibility Packet does not guarantee placement into the program. Opportunities are limited and based on established priorities. Once we determine if you would be an eligible candidate, we will contact you, either by phone or email, at the telephone number/email address you provided in your Participant Information Packet (so please make sure you indicate a valid telephone number/email address). At that time, you will be given additional information.

If you have any questions, please call (716) 487-5193 or Email [jcheney@chautauquaworks.com](mailto:jcheney@chautauquaworks.com)



# ChautauquaWorks

Summer Youth Work  
Experience Program

americanjobcenter®

## PARTICIPANT INFORMATION

Completed applications will be considered on a first come, first served basis for acceptance into the Summer Youth Work Experience Program (SYWEP). The application will not be considered complete unless all Items highlighted in Yellow are answered.

Items highlighted in yellow are required. Items highlighted in Green are required, if applicable.

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. The following application items are *optional* and will only be used for reporting purposes and have no bearing on whether you are accepted into the Summer Youth Work Experience Program, receive employment, or receive services: language/disability.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

2. Street Address (Number And Street) \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Applicant's Email \_\_\_\_\_

4. Applicant's Home Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 5. Applicant's Cell Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Gender : ☐ Male ☐ Female 7. Age \_\_\_\_\_ 8. Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 10. Marital Status ☐ Single ☐ Married

10. Selective Service Registration # \_\_\_\_\_ Date \_\_\_\_\_ Males 18 years of age must be registered with the Selective Service System to participate in the program. (If you have not already registered, visit [WWW.SSS.GOV](http://WWW.SSS.GOV) )

11. Ethnicity ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Other \_\_\_\_\_

12. TANF IN/OUT ☐ In School (Enrolled in High School or College) ☐ Out of School (Not enrolled in High School or College)

13. Do any of the following apply to you? ☐ Disability ☐ On Probation/Juvenile Justice/Criminal Justice ☐ Homeless/Runaway  
☐ Foster Care ☐ Not Applicable

14. Emergency Contact Information – Please list the names and contact information of the person that we may contact in case of emergency.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address (Number And Street) \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

15. Additional Contact Information – Please list the names and contact information of a least 2 family members and/or close friend through whom we can contact you in the event that we cannot contact you directly.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_



# ChautauquaWorks

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Have you participated in the Summer Youth Work Experience Program previously? ☐ Yes ☐ No

If Yes, Where did you work? \_\_\_\_\_

Would you like to be placed with the same Employer? ☐ Yes ☐ No

If No, What would be your ideal summer job? \_\_\_\_\_

Did an employer ask you to apply for the program? ☐ Yes ☐ No

If yes, please indicate the name of the employer \_\_\_\_\_

What language(s) do you speak\*\*? ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

Do you have difficulty speaking, reading, writing, or understanding English\*\*? ☐ Yes ☐ No

Phone use, including texting and internet, is NOT allowed during work. Can you accept a position knowing this? ☐ Yes ☐ No

Do you have any days that you will not be able to work during the summer due to scheduled vacation, summer school, drivers education, etc.? ☐ Yes ☐ No

If yes, please list reason and dates. \_\_\_\_\_

How do you plan get to and from work? ☐ Walk (within 1.5 miles) ☐ Ride Bicycle (within 3 miles) ☐ Drive Myself  
☐ Ride with Parent/Family/Friend ☐ UBER/Taxi ☐ CARTS  
☐ Other \_\_\_\_\_

**\*\* This will NOT affect your chances of placement. This is for placement purposes only.**

### Typical Summer Jobs are listed below.

Write **1** by your FAVORITE choice; Write **2** by your 2nd FAVORITE choice; and Write **3** by your 3rd FAVORITE choice. We will try to place you in a position of your FAVORITE choice(s) that you indicated, if possible.. **Do not use a number more than once.**

Rating	General Job Title/Job Descriptions/Duties
	<b>Clerical</b> - Answering phones & taking messages; Greeting customers; Photocopying; Filing, Shredding; Working with computers.
	<b>General Maintenance</b> - Lawn Care/Grounds Maintenance (mowing, trimming, weeding, clean-up); Rearranging office furniture (lifting, moving); Loading/Unloading trucks; Painting; Marina Work; Factory Laborer; Cleaning Stalls/Pens,/ cages. Feeding, watering, grooming and walking animals.
	<b>Janitorial</b> - cleaning, washing windows, collecting trash cans, vacuuming, sweeping, dusting, mopping, etc.
	<b>Working with Young Kids / Teens</b> - Assist/Supervise youth activities in a daycare or recreational setting/day camp.
	<b>Working with Elderly</b> - Assist with activities in adult daycare/elderly housing/senior living facility.
	<b>Sales/Marketing/Customer Service/Retail</b> - Sales and Marketing; Hanging and folding merchandise; Ticketing Merchandise; Handle, record, and account for all cash transactions
	<b>Restaurant/Food Service</b> - Food Preparation (cooking, peeling, cutting, packaging); Janitorial (dishwashing & cleaning); Customer Service; Sales transactions.



# TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

## SECTION ONE

### A. Information About the Youth Applicant

1. Applicant's Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_  
 (Street) (Apartment Number)
- (City) (State) (Zip Code)
- Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Month, Day, Year)
- Telephone Number: \_\_\_\_\_

## SECTION TWO Citizen / Non-Citizen Status

### A. Are you a United States citizen?

- ☐ Yes. If yes, go to Section Three.
- ☐ No. If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: \_\_\_\_\_

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

Date of Entry into United States: \_\_\_\_\_

## SECTION THREE Income of Family Members

### A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- ☐ Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- ☐ No, complete Item B, on page 2.



**B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.**

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

## **SECTION FOUR Applicant Notification and Signature**

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

*PARENT/GUARDIAN SIGNATURE*

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.



**Employee's Withholding Certificate**

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2022****Step 1:  
Enter  
Personal  
Information**

(a) <b>First name and middle initial</b>	<b>Last name</b>	(b) <b>Social security number</b>
<b>Address</b>		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
<b>City or town, state, and ZIP code</b>		
(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:  
Claim  
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . **3** \$

**Step 4  
(optional):  
Other  
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . **4(c)** \$

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

**Employers  
Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)





Department of Taxation and Finance

**Employee's Withholding Allowance Certificate**

New York State • New York City • Yonkers

**IT-2104**

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State		ZIP code
					Note: If married but legally separated, mark an X in the Single or Head of household box.
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Complete the worksheet on page 4 before making any entries.</b>					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) .....				1	
2 Total number of allowances for New York City (from line 31) .....				2	
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>					
3 New York State amount .....				3	
4 New York City amount .....				4	
5 Yonkers amount .....				5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
----------------------	------

**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employer: Keep this certificate with your records.**

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A ☐

B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? ..... Yes ☐ No ☐

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
--	--------------------------------

**Instructions****Important information**

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately;
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

**Changes effective for 2022**

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2022 Form IT-2104 and give it to your employer.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<p>QR Code - Section 1 Do Not Write In This Space</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page







**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	<b>Last Name (Family Name)</b>	<b>First Name (Given Name)</b>	<b>M.I.</b>	<b>Citizenship/Immigration Status</b>
-------------------------------------	--------------------------------	--------------------------------	-------------	---------------------------------------

<b>List A</b> <b>Identity and Employment Authorization</b>	<b>OR</b>	<b>List B</b> <b>Identity</b>	<b>AND</b>	<b>List C</b> <b>Employment Authorization</b>
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<b>Additional Information</b>		<b>QR Code - Sections 2 &amp; 3</b> Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Accounting and Business Services Associate	
Last Name of Employer or Authorized Representative Johnson		First Name of Employer or Authorized Representative Zulma	Employer's Business or Organization Name WIB, Inc.	
Employer's Business or Organization Address (Street Number and Name) 4 E. 3rd Street		City or Town Jamestown	State NY	ZIP Code 14701

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



# Chautauqua Works

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## AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I hereby authorize Chautauqua Works to disclose or receive pertinent information to or from various agencies for any of the following purposes:

- To determine eligibility for employment and/or training services
- To coordinate service planning and delivery
- To provide follow up information regarding program termination and/or completion and employment.

This includes the following agencies that I currently receive services from or may need services from:

- |  |   |
|--|---|
| <input type="checkbox"/> HHS Program (formerly known as DSS—Medicaid, SNAP, Cash Assistance, etc.) | <input type="checkbox"/> LDA-Learning Disabilities Association of WNY |
| <input type="checkbox"/> School District _____   | <input type="checkbox"/> Department of Mental Health                  |
| <input type="checkbox"/> Probation   | <input type="checkbox"/> Gateways/Pathways (TRC MH Programs)          |
| <input type="checkbox"/> Foster Care   | <input type="checkbox"/> COI Program                                  |
| <input type="checkbox"/> GA Home   | <input type="checkbox"/> BOCES Program                                |
| <input type="checkbox"/> New Directions  | <input type="checkbox"/> Higher Ed/Training Program _____             |
| <input type="checkbox"/> TRC - The Resource Center   | <input type="checkbox"/> Other _____                                  |
| <input type="checkbox"/> ACCES-VR  |   |

List any agency/agencies below that you DO NOT WANT Chautauqua Works to share information with:

---

---

This Release and Exchange of Information shall remain in effect for one year after date of signature. I may modify or revoke this release at any time by notifying Chautauqua Works in writing of my desire to do so.

Is Participant 18 years or older?

☐ Yes ☐ No - (If no must have Parent/Guardian signature)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# ChautauquaWorks

americanjobcenter®

## Consent for Medical Treatment

I, or the parent/legal guardian of the participant, hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Is Participant 18 years or older? ☐ Yes ☐ No - (If no, must have Parent/Guardian signature)

Signature of Participant

Signature of Parent/Guardian

Print Name

Print Name

Date

Date

## MEDIA RELEASE

I agree that any photographs/video taken of me during my participation in the Summer Youth Work Experience Program (SYWEP) are the property of Chautauqua Works and, although I may also receive a copy for my portfolio or personal use, I give Chautauqua Works permission to use images, including me for their publicity

I do not want any photograph/video to be taken for my personal portfolio, for publicity, or for records of Chautauqua Works.

Is Participant 18 years or older? ☐ Yes ☐ No - (If no, must have Parent/Guardian signature)

Signature of Participant

Signature of Parent/Guardian

Print Name

Print Name

Date

Date