

Boston Youth Ages 13-14  
**BCYF Challenges You**  
**TO BECOME A**  
**SUPERTeen**

Work Experience  
& Stipend

**SUPERTeens** offers youth  
ages 13-14 a summer  
leadership experience.

Workshops

*Youth have the opportunity to gain hands-on experience working at a  
BCYF Community Center while also participating in weekly workshops and excursions.*

**July 5—August 19**  
**Tuesday-Friday, 10AM-2PM**

Field Trips



For more information or to apply, please contact Donna Reeves-Jackson at  
617-635-4920 x2209 or [donna.reeves@boston.gov](mailto:donna.reeves@boston.gov).

## **SUPERTeens**

### **2016 Application Packet**

The SUPERTeens program offers youth ages 13-14 a high-quality service learning and leadership experience during July and August. Youth in the SUPERTeens Program will have the opportunity to attend weekly leadership development workshops, gain hands-on employment experience by working in BCYF community centers and participate in field trips to Boston's arts and enrichment institutions.

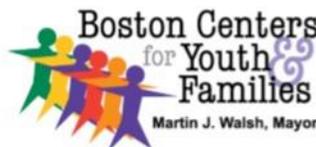
All SUPERTeen applicants must complete an application and return it to your requested BCYF host site by FRIDAY, MAY 27, 2016. You can also return completed applications to Donna Reeves-Jackson at BCYF Administrative Office, located at 1483 Tremont Street, Boston, MA 02120.

- ◆ Applicants must be prepared to submit:
  1. Proof of residency in City of Boston (i.e. BPS report card, landline phone, gas, cable or electric bill.)
  2. Copy of your Social Security Card
  3. Copy of your Birth Certificate
  4. Completed W-9 form
  
- ◆ Incomplete applications will not be accepted.
  
- ◆ The SUPERTeens Program will run for seven weeks— July 5-August 19, 2016. Preference will be given to teens who are able to attend the entire program.

Participants must be at least 13-years-old and no older than 14-years-old  
by the start of the program on Tuesday, July 5, 2016  
in order to be accepted into the program.

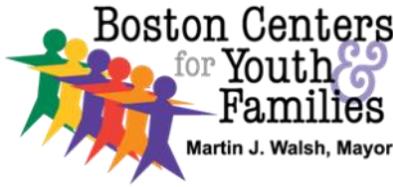
Participants will receive a stipend at the end of the summer for the successful  
completion of the SUPERTeens Program (at least 80% attendance).

For more information about the SUPERTeens Program,  
please contact Donna Reeves-Jackson at 617-635-4920 x2209



For Office Use Only

Date Received: \_\_\_\_\_ Staff Member Entering: \_\_\_\_\_ ID: \_\_\_\_\_ Fee Type: \_\_\_\_\_



## SUPERTeens Application Summer 2016

*The mission of Boston Centers for Youth & Families is to enhance the quality of life for Boston residents by partnering with community center councils, agencies, and businesses to support children, youth, individuals and families through a wide range of comprehensive programs and services according to neighborhood needs.*

### Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Female Male

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity (select all that apply): Asian Black Native American Native Hawaiian White Are you of Hispanic or Latino origin? Yes No

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Type of School: Public Charter Private/Parochial Homeschool

Child lives with (select all that apply): Both Parents Mother Only Father Only Aunt/Uncle Sister/Brother Step Parent Grandparent Foster Parent Guardian Other: \_\_\_\_\_

### Medical Information

Health Insurance Company: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Do you have any medical conditions or allergies? No Yes. If yes, please select type/s and describe below:  
Allergies Asthma Physical Restrictions Medications Other: \_\_\_\_\_

Description: \_\_\_\_\_

Is there any additional information we should know about this/you? No Yes: \_\_\_\_\_

### Parent/Guardian Contact Information

*(These two contacts are authorized to pick-up youth from Boston Centers for Youth & Families Community Centers.)*

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Information** Please specify two people (other than a parent or guardian for youth) who can be contacted in case of emergency.  
*(These two contacts are authorized to pick-up youth members from the Boston Centers for Youth & Families Community Center.)*

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### T-shirt Size (adult sizes)

S  M  L  XL  XXL

**Questions**

**Why are you interested in becoming a SUPERTeen?**

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**What skills do you hope to develop through this experience?**

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Please check your TOP CHOICE for BCYF Community Centers you would you like to work at this summer?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> BCYF Blackstone<br>50 W. Brookline Street, South End            | <input type="checkbox"/> BCYF Madison Park<br>55 Malcolm X Blvd, Roxbury                      | <input type="checkbox"/> BCYF Perkins<br>155 Talbot Avenue, Dorchester     |
| <input type="checkbox"/> BCYF Charlestown<br>255 Medford St., Charlestown                | <input type="checkbox"/> BCYF Menino<br>125 Brookway Road, Roslindale                         | <input type="checkbox"/> BCYF Quincy                                       |
| <input type="checkbox"/> BCYF Cleveland<br>11 Charles Street, Dorchester                 | <input type="checkbox"/> BCYF Mildred Avenue<br>5 Mildred Avenue, Mattapan                    | <input type="checkbox"/> BCYF Roslindale<br>6 Cummins Hwy, Roslindale      |
| <input type="checkbox"/> BCYF Curtis Hall (GIRLS ONLY)<br>20 South Street, Jamaica Plain | <input type="checkbox"/> BCYF Ohrenberger<br>175 W. Boundary Road, W. Roxbury                 | <input type="checkbox"/> BCYF Shelburne<br>2730 Washington Street, Roxbury |
| <input type="checkbox"/> BCYF Holland<br>85 Olney Street, Dorchester                     | <input type="checkbox"/> BCYF Paris Street<br>at Umana Academy<br>312 Border St., East Boston | <input type="checkbox"/> BCYF Tobin<br>1481 Tremont Street, Mission Hill   |
| <input type="checkbox"/> BCYF Jackson/Mann<br>500 Cambridge St., Allston                 |   | <input type="checkbox"/> BCYF Vine Street<br>339 Dudley Street, Roxbury    |

**Consent**

I have read and understand the BCYF Code of Conduct and the BCYF Pool Rules and Regulations. I agree that I will act in accordance with the BCYF Code of Conduct and abide by BCYF's Pool Rules and Regulations.

The application is factual and complete to the best of my ability.

I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families (BCYF), and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in BCYF Programs.

I, the undersigned parent or guardian of [\_\_\_\_\_], a minor, hereby consent to his/her BCYF membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, BCYF, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by BCYF for publicity purposes. I also agree to allow BCYF to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

I understand that transportation is not provided and it is my responsibility to arrange transportation to and from BCYF Community Centers and programs.

Failure to comply with these rules and expectations can lead to termination of membership.

Signature of Member

Date

Signature of Parent/Guardian (if member is under 18)

Date

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.