



BCYF Invites You

TO BECOME A **Snap Shot** Photographer



The **Snap Shot Program**
offers youth ages 16-18* a
summer photography experience.

Youth have the opportunity to gain hands-on photography experience through lessons with professional photographers and community excursions. Participants will receive a bi-weekly paycheck for their work during the program.



July 5 - August 19

Participants will work up to 25 hours each week

**Youth up to age 21 are eligible if enrolled in GED or Alternative HS Programs.*

John Hancock



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



SNAP SHOT Program

Teen Photography Summer Job Application

Are You Looking for a Summer Job? Are You Interested in Learning About Photography?

If so, the Snap Shot Photography Program is the perfect opportunity for you! This summer employment program introduces participants to all aspects of photography. Led by a professional photographer the program includes opportunities to conduct "photo shoots" around Boston, visit museums and art galleries, dedicated computer lab time to edit digital photos, weekly personal development workshops led by John Hancock, and the responsibility of serving as a "staff photographer" at various programs and events for Boston Centers for Youth & Families.

To Apply:

- All interested applicants must complete the attached application.
- Participants must be residents of Boston and ages 16-18. Youth up to age 21 who are pursuing a high school diploma or GED are able to apply.
- Applications are due by Friday, May 20, 2016 (or until all program slots are filled).

If Hired for the Position Applicants Must:

- Be available to work from Tuesday, July 5 – Friday, August 19.
- Commit to a weekly schedule of Monday-Thursday at the BCYF Curtis Hall Community Center located at 20 South Street, Jamaica Plain.
- Attend a John Hancock and *Boston Globe* kickoff event in June.
- Attend customized professional and life skills workshops on Friday mornings (date, time and location TBD).
- Complete and Pass a CORI/SORI background check.

The John Hancock MLK Summer Scholars Program

The Snap Shot Photography Program is made possible via a partnership between Boston Centers for Youth & Families and the John Hancock's MLK Summer Scholars Program, which allows non-profit agencies to employ teens throughout the summer. The MLK Summer Scholars Program enables students to have on-the-job training in community organizations in addition to participating in weekly life skills training workshops managed and developed by the Boston Globe Foundation and Boston Cares. *MLK Summer Scholars* gain employment training as well as educational skills to assist in becoming community leaders of the future.

To celebrate the conclusion of the *MLK Summer Scholars* summer program, a recognition ceremony and photo exhibit event will be held to honor the students at the end of the program. Students will be joined by friends and family, and will have the opportunity to network with city officials and community leaders.

If this sounds like a good fit for you this summer, please complete the attached application or for more information contact:

Donna Reeves-Jackson
BCYF Administrative Offices
1483 Tremont Street, Boston, MA 02120
E-mail: donna.reeves@boston.gov
Phone: 617-635-4920 x2209
Fax: 617-635-5074



Snap Shot Program 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.)

Emergency Contact 1: _____

Home Address: _____
Street Apt. City/Neighborhood Zip Code

Home: _____ Work: _____ Cell: _____

Emergency Contact 2: _____

Home Address: _____
Street Apt. City/Neighborhood Zip Code

Home: _____ Work: _____ Cell: _____

Questions

What interests you most about this program and what do you hope to gain from participating in the Snap Shot Program this summer?

Please tell us about any experience or special interest you have with photography or the arts:

Do you have additional work or volunteer experience? Please specify.

How did you hear about this position? If you were referred, who referred you?

Please list two (2) non-family adult references (example: teacher, community center youth worker, coach, etc.)

Reference 1: _____ How long have you known this person: _____

How do you know this person: _____

Phone: _____ Email: _____

Reference 2: _____ How long have you known this person: _____

How do you know this person: _____

Phone: _____ Email: _____

Consent

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 your employment with the Snap Shot Program.

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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ 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.

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

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

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.

Sign
Here

Signature of
U.S. person ▶

Date ▶

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.