

EMPLOYMENT APPLICATION - DANVERS COMMUNITY YMCA Today's Date: _____

PERSONAL INFORMATION			
Name (Last, First, Middle)	Social Security Number	Home Telephone Number	
Present Address	City	State	Zip
Position Applying For:		Are you 18 years of age or over? Date of Birth if not.	
When would you be available to start and when are you available to work?		Are you employed now?	

Email Address _____ Cell Phone # _____

EMPLOYMENT HISTORY			
<i>Please list all jobs in the last five years beginning with your present or last employer. This can include volunteer work positions.</i>			
Name & Address of Employer:		Type of Business	Date Start
			Date End
Job Title	Duties and Responsibilities		Phone
Reason for leaving or wishing to leave			May we contact? Yes ___ No ___
Name & Address of Employer:		Type of Business	Date Start
			Date End
Job Title	Duties and Responsibilities		Phone
Reason for leaving or wishing to leave			May we contact? Yes ___ No ___
Name & Address of Employer:		Type of Business	Date Start
			Date End
Job Title	Duties and Responsibilities		Phone
Reason for leaving or wishing to leave			May we contact? Yes ___ No ___
Name & Address of Employer:		Type of Business	Date Start
			Date End
Job Title	Duties and Responsibilities		Phone
Reason for leaving or wishing to leave			May we contact? Yes ___ No ___

How did you hear about this YMCA position?
Why do you want to work at the YMCA?

PERSONAL/WORK REFERENCES

Name and Address of 1st Personal Reference

Phone
Relationship to Applicant -

Name and Address of 2nd Personal Reference

Phone
Relationship to Applicant -

Name and Address of 3rd Personal Reference

Phone
Relationship to Applicant -

Name and Address of 4th Family Reference

Phone
Relationship to Applicant -**EDUCATION**

SCHOOL	Name and Location	Years Attended (Example 1996-1998)	Course / Major
High School			
College			
Other			

SPECIALTY SKILLS

List any specialty skills that you have that will help with your working at the YMCA:
(Examples are typing skills, Lifeguard Certification, First Aid, CPR, experience and more.)

SPECIAL INFORMATION

Are you prevented from lawfully working in the United States? _____

**Form revised 08/20/2010*

Additional Information:

The Danvers Community YMCA does not discriminate in employment on the basis of race, color, creed, sex, national origin, age, religion, disability or veteran status.

I certify that the facts set forth in my application are true and complete. I understand that, if employed, false statements or omissions on this application will be grounds for immediate termination of my employment. I authorize the Danvers Community YMCA to at any time procure a report on me. I authorize the Danvers Community YMCA to check all personal and employment references and to verify all information I have included in this application.

If employment is accepted I understand that the YMCA will perform background checks and that my employment will be considered temporary until these checks are complete.

Applicant's Signature _____ Date _____

Return to Human Resource Department, Danvers Community YMCA, 34 Pickering Street, Danvers, MA 01923

Phone— (978)774-2055



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FOR SOCIAL RESPONSIBILITY

EMPLOYEE HANDBOOK ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge the following:

- I have received a copy of the Danvers YMCA Employee Handbook. I understand that it is my responsibility to read and understand the policies, rules, and benefits described in this handbook.
- I understand that if I have any questions regarding this information I should consult my supervisor or the human resources department.
- I understand that the Y has the right to change these policies, rules, and benefits without notice.
- I understand that future changes in policies and procedures may modify, suspend, supersede, or cancel those found in this handbook, in whole or part, and that I and other employees typically will be notified of such changes through normal communication channels.
- I understand that the benefits information in this handbook is only a brief summary and that I can find more information on these plans in informational material and plan documents. If any discrepancies occur between information in this handbook and the actual plan documents, I understand that the plan documents will prevail.
- I understand that any written or oral statements by a supervisor contrary to this handbook are invalid and should not be relied upon.
- I expressly understand that this handbook is provided as a guide and that it does not constitute a contract of employment. Rather, I acknowledge that my employment with the YMCA is on an at-will basis, which means that the employment relationship may be terminated at any time, by either the Y or by me, with or without cause and with or without prior notice.
- I understand and agree that I will read and comply with the policies and information contained in this handbook and that my continued employment is contingent on my following these policies.

Signed _____

Today's date _____

My name (print) _____



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Danvers Community YMCA Employee and Volunteer Handbook Addendum:

Policy for Electronic Communication

This policy defines appropriate usage of electronic communication resources provided to YMCA staff members, and appropriate activities and conditions relating to the usage and communication of YMCA information both within the organization and with outside entities. This policy statement covers security, confidentiality and integrity of information obtained, created or maintained by YMCA staff members.

Usage Philosophy

The YMCA provides access to various information technology resources for its staff members and, in some cases, to volunteers, members, and participants. These resources are provided to facilitate the creation and communications of business related data in the most effective and efficient manner possible. Resources such as computers, the Internet, e-mail, telephone, fax and photocopy machine are intended for YMCA business only.

All data entered, created, received, stored or transmitted via YMCA equipment is considered YMCA property and is therefore subject to inspection, search and disclosure at all times by the Executive Director and senior management. This is to safeguard the interests of the YMCA and protect it from potential liability.

Core Guidelines

- Communications sent from the YMCA network are identified as originating from the YMCA server and carry the YMCA name. E-mail and Internet usage and communication must reflect well on the organization. Each staff member is responsible for using YMCA e-mail and Internet resources in an acceptable manner.
- Passwords are confidential. Do not provide passwords to anyone except on a "need to know" basis for official YMCA business purposes. Examples of people who may need to know a password are a supervisor needing access to a file in the absence of the staff member, or the Executive Director.
- The electronic communications systems should be used in ways that further YMCA business interests and support work on behalf of the YMCA. Any use of YMCA information or systems for financial gain of a staff member or third party not relating to those interests is strictly prohibited.
- All language used in communications should be professional and courteous. Abusive or obscene content in communications is strictly prohibited.
- Use appropriate business English. In a culturally diverse environment such as the YMCA, the use of slang, humor, sarcasm, or local terminology may not be correctly interpreted.
- E-mail is no different than a written document. A file can be stored in the system indefinitely and be reviewed, if necessary, during legal proceeding involving the YMCA. Take as much care in sending e-mails messages as with any confidential written document.
- Treat all e-mail messages as public information. Senders have no control over messages once they are sent, and recipients may forward the message to people not originally intended to receive them.
- All Internet communications should be treated as public information since those messages are not generally encrypted. No confidential or copyrighted information should be sent through the Internet.
- Confidential information such as performance or disciplinary communications should never be sent electronically.

- Staff members should use discretion when opening, downloading, and saving files sent via e-mail or from the Internet. Prior to placing any file on the network, staff members should scan for viruses.

Software

Only software purchased and licensed by the YMCA, or personally purchased software approved by the Executive Director, may be installed on the YMCA equipment. The Executive Director may periodically conduct an audit of installed computer software. Unauthorized software will be removed.

Personal Use

As a benefit, staff members are permitted limited use of their office computer equipment to type personal items, access personal e-mail accounts and the Internet. Personal files should be saved in a directory named "personal" to facilitate the identification and back up of those files.

All personal use is to be kept to a minimum while at work and is never to conflict with work performance. Extensive personal use of electronic communications resources can disrupt the vital flow of information upon which program participants, volunteers and staff members depend. Any use of YMCA resources must not jeopardize or degrade system performance.

Staff members may make or receive limited personal telephone or cellular calls. Under no circumstances are personal long distance calls to be made at the expense of the YMCA. Staff members are directed to page 18 of the Employee Handbook for further clarification on telephone usage policy.

Prohibited Use

The following areas that are expressly prohibited by the YMCA. The YMCA strictly prohibits:

- Sending or receiving any data that may be construed to violate the values or policies of the YMCA. This prohibition includes sexually explicit or offensive message or images, cartoons or jokes, ethnic or religious slurs, racial epithets or any other statement or image that be construed as harassment or disparagement.
- Accessing another staff member's personal files without their consent.
- Disruptive behavior such as introducing viruses or intentionally destroying or modifying files on the network.
- Intentional misuse of data or equipment.
- Collection and/or transmissions of materials in violation of any federal, state, or local law.
- Chain letters that are mailings with a request to recipients to continue distribution to other.
- Messages to other staff members that serve as advertising or solicitation for personal gain.
- Personal Communication either electronically (i.e. Chat Rooms, Instant Messaging, Text Messaging, Emails, Telephone contact) or otherwise (i.e. mail, personal contact, or through intermediaries) with YMCA members and/or YMCA program participants is highly inappropriate and is strictly prohibited both while at work and on personal time. Examples of appropriate electronic communication and otherwise include changes in class time, cancellation of class, requests for payments, departmental newsletters, etc. that an employee has been directed to do by their supervisor.

Compliance

Failure to comply with this policy will be presented to the Executive Director or department head for disciplinary action, up to and including discharge.

I have read and understand the Policy for Electronic Communication.

Staff Signature _____ Date _____



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Danvers Community YMCA Code of Conduct with Youth

The following policies are intended to assist staff and volunteers in making decisions about interactions with youths. For clarification of any guideline, or to inquire about behaviors not addressed here, contact your supervisor.

Our organization provides our youths with the highest quality services available. We are committed to creating an environment for youths that is safe, nurturing, empowering, and that promotes growth and success. No form of abuse will be tolerated, and confirmed abuse will result in immediate dismissal from our organization. All reports of suspicious or inappropriate behavior with youths or allegation of abuse will be taken seriously. Our organization will fully cooperate with authorities if allegations of abuse are made that require investigation.

This Code of Conduct with Youth outlines specific expectations of the staff and volunteers as we strive to accomplish our mission together.

- ___ 1. Youths will be treated with respect at all times.
- ___ 2. Youths will be treated fairly regardless of race, sex, age, or religion.
- ___ 3. Staff and volunteers will adhere to uniform standards of displaying affection as outlined by our organization.
- ___ 4. Staff and volunteers will avoid affection with youths that cannot be observed by others.
- ___ 5. Staff and volunteers will adhere to uniform standards of appropriate and inappropriate verbal interactions as outlined by our organization.
- ___ 6. Staff and volunteers will not stare at or comment on youths' bodies.
- ___ 7. Staff and volunteers will not date or become romantically involved with youths.
- ___ 8. Staff and volunteers will not use or be under the influence of alcohol or illegal drugs in the presence of youths.

___ 17. Staff and volunteers will report concerns or complaints about other staff, volunteers, adults, or youths to our organization's supervisor / director at 978-774-2055.

___ 18. Our organization cooperates fully with the authorities to investigate all cases of alleged abuse. Any staff or volunteer shall cooperate to the fullest extent possible in any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization. Failure to cooperate fully may be grounds for termination.

___ 19. Staff and volunteers may not have engaged in or been accused or convicted of youth abuse, indecency with a youth, or injury to a youth.

I have read, understand and agree to abide by the Danvers Community YMCA code of conduct. Violation may result in termination.

Name: _____ Date: _____

____ 10. Staff and volunteers will not have secrets with youths and will only give gifts with prior permission.

____ 11. Staff and volunteers will comply with our organization's policies regarding interactions with youths outside of our programs.

____ 12. Staff and volunteers will not engage in inappropriate electronic communication with youths.

____ 13. Staff and volunteers are prohibited from working one-on-one with youths in a private setting. Staff and volunteers will use common areas when working with individual youths.

____ 14. Staff and volunteers will not abuse youths in anyway including (but not limited to) the following:

Physical abuse: hitting, spanking, shaking, slapping, unnecessary restraints

Verbal abuse: degrading, threatening, cursing

Sexual abuse: inappropriate touching, exposing oneself, sexually oriented conversations

Mental abuse: shaming, humiliation, cruelty

Neglect: withholding food, water, shelter

____ 15. Our organization will not tolerate the mistreatment or abuse of one youth by another youth. In addition, our organization will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior. Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

Physical bullying – when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking,

Physical bullying – when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.

Verbal bullying – when someone uses their words to hurt another, such as by belittling or calling another hurtful names.

Nonverbal or relational bullying – when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.

Cyberbullying– the intentional and overt act of aggression toward another person by way any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:

● Sending mean, vulgar, or threatening messages or images.

● Positive sensitive, private information about another person.

● Pretending to be someone else in order to make that person look bad.

● Intentionally excluding someone from an online group.

● Hazing– an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.

● Sexualized bullying– when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behavior include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized languages or innuendos.

Anyone who sees an act of bullying and who then encourages it, is engaging in bullying. This policy applies to all youths, staff and volunteers.

____ 16. All staff must follow state specific mandatory reporting requirements. Staff should be trained to be aware of and understand their legal and ethical obligation to recognize and report suspicions of mistreatment and abuse. Staff will:

A. Be familiar with the symptoms of child abuse and neglect, including physical, sexual, verbal and emotional abuse. Staff will:

B. Know and follow organization policies and procedures that protect youths against abuse.

C. Report suspected child abuse or neglect to the appropriate authorities as required by state mandated reporter laws.

D. Follow up to ensure that appropriate action has been taken.

Reference Check Form

Applicant: _____
 Reference Checker: _____

Position: _____
 Position: _____

[3] PROFESSIONAL REFERENCES:

Professional Reference #1:		Phone Number:
Date:		
What is your profession?		
How long have you known the applicant?		
In what capacity did you work with the applicant?		
How would you rate the applicant's quality of work?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent	
How would you rate the applicant's punctuality and dependability?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent	
How would you rate the applicant's ability to work quickly and effectively in an emergency?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent	
Do you consider the applicant a leader? Could you comment on the applicant's ability to lead others?	YES or NO Comments:	
Is the applicant reliable and trustworthy? Could you comment on the applicant's ability to work under limited or no supervision?	YES or NO Comments:	
Do you have any reservations about the applicant working with children?	YES or NO Comments:	
Is the applicant considered eligible for rehire at your facility/company?	YES or NO Comments:	
Would you like to share any additional information that may help me assess the applicant's work abilities?		

Professional Reference #2:		Phone Number:
Date:		
What is your profession?		
How long have you known the applicant?		
In what capacity did you work with the applicant?		
How would you rate the applicant's quality of work?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent	
How would you rate the applicant's punctuality and dependability?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent	
How would you rate the applicant's ability to work quickly and effectively in an emergency?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent	
Do you consider the applicant a leader? Could you comment on the applicant's ability to lead others?	YES or NO Comments:	
Is the applicant reliable and trustworthy? Could you comment on the applicant's ability to work under limited or no supervision?	YES or NO Comments:	
Do you have any reservations about the applicant working with children?	YES or NO Comments:	
Is the applicant considered eligible for rehire at your facility/company?	YES or NO Comments:	
Would you like to share any additional information that may help me assess the applicant's work abilities?		

Professional Reference #3:		Phone Number:	
Date:			
What is your profession?			
How long have you known the applicant?			
In what capacity did you work with the applicant?			
How would you rate the applicant's quality of work?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent		
How would you rate the applicant's punctuality and dependability?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent		
How would you rate the applicant's ability to work quickly and effectively in an emergency?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent		
Do you consider the applicant a leader? Could you comment on the applicant's ability to lead others?	YES or NO Comments:		
Is the applicant reliable and trustworthy? Could you comment on the applicant's ability to work under limited or no supervision?	YES or NO Comments:		
Do you have any reservations about the applicant working with children?	YES or NO Comments:		
Is the applicant considered eligible for rehire at your facility/company?	YES or NO Comments:		
Would you like to share any additional information that may help me assess the applicant's work abilities?			

[1] FAMILY REFERENCE:

Personal Reference #4:		Phone Number:	
Date:			
What is your profession?			
How long have you known the applicant?			
In what capacity did you work with the applicant?			
How would you rate the applicant's quality of work?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent		
How would you rate the applicant's punctuality and dependability?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent		
How would you rate the applicant's ability to work quickly and effectively in an emergency?	1-Poor 2-Below Average 3-Average 4-Good 5-Excellent		
Do you consider the applicant a leader? Could you comment on the applicant's ability to lead others?	YES or NO Comments:		
Is the applicant reliable and trustworthy? Could you comment on the applicant's ability to work under limited or no supervision?	YES or NO Comments:		
Do you have any reservations about the applicant working with children?	YES or NO Comments:		
Is the applicant considered eligible for rehire at your facility/company?	YES or NO Comments:		
Would you like to share any additional information that may help me assess the applicant's work abilities?			

Reference Checker's Signature: _____ Date: _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

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 08/31/2019

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.")

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

List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

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	<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority	<div style="border: 1px solid black; padding: 5px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>	
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 Administrative Assistant/HR	
Last Name of Employer or Authorized Representative Britton	First Name of Employer or Authorized Representative Marianne	Employer's Business or Organization Name Danvers Community YMCA	
Employer's Business or Organization Address (Street Number and Name) 34 Pickering Street	City or Town Danvers	State MA	ZIP Code 01923

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)
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
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employer Notice to W2 Employee

Covered Entities with 25 or more Workers

Rights and Obligations under the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M

DANVERS COMMUNITY YMCA
34 PICKERING STREET
DANVERS, MA 01923
04-2308404
FEIN

Explanation of Benefits

- **Beginning January 1, 2021**, you may be entitled to up to
 - 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
 - 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work
 - 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service.
- **Beginning July 1, 2021**, you may be entitled to up to
 - 12 weeks of paid family leave in a benefit year to care for a family member with a serious health condition.
 - 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.
- **Your weekly benefit amount** will be based on the employee's earnings, with a maximum benefit of \$850 per week.

Job Protection, Continuation of Health Insurance, No Retaliation

- **Job Protection:** Generally, if you take family or medical leave under the law you must be restored to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit and seniority as of the date of leave.
- **Continuation of Health Insurance:** Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working continuously for the duration of such leave.
- **No Retaliation:** It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you're entitled under the paid family and medical leave law. An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

Contributions to the DFML Family and Employment Security Trust Fund

On October 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees, though they may deduct a portion from employee pay. The contribution rate may be adjusted annually and can be found in the attached effective rate notice.

How to File a Claim

Employees must file claims for paid family and medical leave benefits with the DFML using the Department's forms. Forms and claim instructions will be available on the Department's website www.mass.gov/DFML before January 2021.

Employees are required to provide at least 30 days' notice to their employer of the anticipated starting date of any leave, the anticipated length of the leave and the expected date of return. An employee who is unable to provide 30 days' notice due to circumstances beyond his or her control is required to provide notice as soon as practicable.

Payment for Concurrent Leave

Any paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under this law shall count against the allotment of leave benefits available under this law.

Private Plan Exemption

An employer that offers paid leave with benefits that are at least as generous as those provided under the law may apply for an exemption from paying the Department of Family and Medical Leave Family and Employment Security Trust Fund contribution. An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both.

The details of any private plan must be provided to employees by an employer at the same time as this Notice.

Employees enjoy rights to job-protected leave and from discrimination and retaliation under the law even if their employer is approved to provide leave benefits through a private plan.

<p>_____</p> <p>DANVERS COMMUNITY YMCA</p>	<p><input checked="" type="checkbox"/> Does not have an approved private plan;</p> <p><input type="checkbox"/> Has an approved private plan for both family and medical leave;</p> <p><input type="checkbox"/> Has an approved private plan for family leave only;</p> <p><input type="checkbox"/> Has an approved private plan for medical leave only.</p>
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Department of Family and Medical Leave (DFML) Contact Information

The Massachusetts Department of Family and Medical Leave
Charles F. Hurley Building
19 Staniford Street, 1st Floor
Boston, MA 02114
(617) 626-6565
www.mass.gov/DFML

More Information is Available

For more detailed information, please consult the Department's website: www.mass.gov/DFML.

ACKNOWLEDGMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment or prior to October 1, 2019, whichever is later.

Signature

Date

Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Mission Statement

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Employee Signature: _____ Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services 200
 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization .

**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Danvers Community YMCA is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to
Danvers Community YMCA

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Danvers Community YMCA
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Danvers Community YMCA may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
 The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

 Print Name of Verifying Employee

 Signature of Verifying Employee

 Date



**FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY**

**DIRECT DEPOSIT FOR PAYCHECKS
(MANDATORY)**

NAME: _____

PAYROLL INPUT _____

PLEASE PUT MY PAYCHECK INTO THE FOLLOWING ACCOUNT:

CHECKING

SAVING

ATTACH VOIDED CHECK HERE

OR

WRITE NUMBERS FROM LEFT TO RIGHT ON THE BOTTOM OF YOUR ACCOUNT CHECK BELOW:

ROUTING # _____ **ACCOUNT #** _____

Employee's Withholding Certificate

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.

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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) _____
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FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name

Social Security no.

Print home address.....

City..... State..... Zip

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
3. Write the number of your qualified dependents. See Instruction D.
4. Add the number of exemptions which you have claimed above and write the total.
5. Additional withholding per pay period under agreement with employer \$
 - A. Check if you will file as head of household on your tax return.
 - B. Check if you are blind.
 - C. Check if spouse is blind and not subject to withholding.
 - D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.



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