

2012



YMCA Camp High Harbour Services YMCA Employee Personnel File Checklist

Listed below are the documents that we need completed by you in order to confirm your employment for the summer of 2012. All items must be completed and signed and return to our office by the date set up by your site director. **(1st round agreements February 27, 2012)**

Important Note: These documents are required by the government, not the YMCA for hire. It is mandatory that we have them on file for you. PLEASE send in only completed hiring packets (all documents filled out for every position)! *We will not accept partially completed packets. Go ahead and scan if you are just waiting on the work permit.*

Please also include 2 copies of your Ids that you send in. All papers should be **scanned** and emailed.

**If you have questions please contact: Andrew Thomason (Lake Burton) andrewt@ymcaatlanta.org
or Drew Hullinger (Lake Allatoona) drewh@ymcaatlanta.org**

Please find below a checklist of documentation for you to send back in: **Papers are to be filled out each year**

Required Paperwork - COMPLETE ALL DOCUMENTS to the best of your ability (must be done each year)

- Staff Application
- Affirmative Action Voluntary Information (only voluntary, not required but needs to be turned in)
- YMCA Veteran Status Disclosure (required)- can write N/A at the top
- Consent Form for Criminal History Record
- W-4 (2012)
- G-4 (Georgia Tax Form)
- I-9 Form with Identification (2 copies) **Must be either emailed or mailed in.**
 - Passport
- OR**
- Driver's License/School ID (must be a photo ID)
- Social Security Card Copy/ Birth Certificate
- Staff Agreement
- Direct Deposit Information (**Must chose one or the other**)
please attach a VOIDED check or write "paycard" and one will be issued
- 2012 Staff Health Form -before your arrival in the summer
- Job Description (to be provided at staff training)
- Mandatory Drug Test- will be given at staff training
- Metro Orientation Sheet

Staff Members Under 18 must also include the following: (Final permits are only issued by the school)

- Completed work permit given to you from school guidance office
(Information included)

YOU ARE NOT TO FILL OUT THE EMPLOYER INFORMATION

Please start this process ASAP it is lengthy.

Certifications- to be mailed in each year

- CPR (Child and Adult)
- 1st aid
- YASA or Emergency Watersafety OR Lifeguarding

Print Name : _____

Signature _____



YMCA Camp High Harbour
Frequently Asked Questions for Staff and Their Parents

1. **How do I sign up for staff training, weekends, or special events?**
 - a. You can sign up through your staff account online. There are drop down fields for all listed events and their dates.
2. **When is my paperwork due? What if my work permit is not complete?**
 - a. All paperwork will be due on February 27, 2012 for all first round agreements. Please send everything in at once **unless** you are only waiting on your work permit.
 - b. Work permits can some times be a lengthy process so please start early!!! (See separate sheet on how to obtain).
 - c. Do not forget to send in bank information if you choose to do direct deposit over a paycard. (We need this information each year to verify you have not switched accounts).
 - d. **All paperwork must be scanned and emailed in.** Please do not send via fax or snail mail.
3. **Do I need a health form? Where can I find it?**
 - a. YES! Each staff member will need to fill out a health form every year. We do not keep these on file from year to year. They can be sent in early or hand delivered when you report to your scheduled sessions.
 - b. Health Forms will be emailed out by April 15.
4. **How do I find out about certification classes?**
 - a. As we find out about certification classes offered, we will post them under "announcements."
 - b. Check with your local YMCA
 - c. Red Cross websites
5. **What if I need to miss time during my scheduled time at camp?**
 - a. We understand that sometimes situations will arise that you will need to leave camp for a practice, orientation, etc. Please inform your site director ASAP of any of these times.
 - b. Anyone missing more then two days per session will need a sub to replace them for the week. We do this to promote consistency for our campers during the week.
6. **How do staff members pay for things in the campstore?**
 - a. At this time we do not have "campstore accounts" for our staff to debit from. Staff members may pay for things in the campstore by cash, check, or any major credit card.
7. **Will my staff member need money during their time at camp?**
 - a. Yes. Staff members have one night out during the week (Tuesday or Thursday) and Saturday afternoon/evenings off when they are not working

the weekend in between. If they choose to participate in “night’s out,” it is a pay your own way. Staff members that are CITs or 16 years or younger, will have supervised nights out during the week. They normally chose to go to dinner and/or Walmart during this time. It is up to parents to decide how much to send their staff member with. Unfortunately, camp is not able to “front” money for staff members for nights out. Please talk with your staff member prior to arrival.

8. When are staff members allowed to leave camp and with whom?

- a. As mentioned above Tuesday or Thursday nights from 6pm-midnight.
- b. Saturday afternoon from 1:30 pm – Sunday at 11:15 am.
- c. All staff under 18 are required to participate in supervised nights out on Tuesdays or Thursdays. On weekends, they are required to ask permission from parents, confirm with weekend director and sign out with all contact information.
- d. All staff members are required to sign in and out of camp when they leave and give a phone number and destination.

9. How do I tell if I’ve been paid?

- a. The YMCA of Metropolitan Atlanta is a paperless organization. All staff are paid via direct deposit or paycard. To check your pay status or print out pay stubs, W2, etc please log on to your YISE accounts.
- b. <https://yise.ymcaatlanta.org>
 - i. Login is your first name (legal) and last four digits of your social.
 - ii. Default Password is your date of birth: (MMDDYYYY).
 - iii. If you have trouble logging on to your yise account, please email: Yise@ymcaatlanta.org
- c. ***Please also consider going paperless for your W2!*** select Myself, Pay, W-2 then **Change W-2 Consent** from right hand side of screen.
- d. ***Yise accounts are set up at the time of hire through our metro system.*** If you staff member has not attended staff training or completed all their paperwork they may not be in the system.

10. What if my child should need medication or any miscellaneous items during their time?

- a. Since all staff members have the ability to go into town once a week we ask them to be responsible in picking up any items needed while they are at camp.
- b. Should your staff member require any prescription medication, seasonally allergy medication, (or anything need on a daily basis), please make sure to send them with enough for their time at camp.

Reports Times: Site Directors will send report times for the summer later in the spring.

Staff Initials: _____

Parent Initials: _____



2012 Staff Agreement of Requirements

To Be Read in Full by Staff Member and Parent(s)

- I. Response to Agreement
 - a. You have **10 days** to respond to your staff agreements (from the date it was sent out), after that time your agreement will be voided and given to someone else.
- II. Staff Training
 - a. Before attending staff training and/or weekends. ALL staff members must pass a mandatory drug test as well as have all paperwork completed and turned in to the Gainesville office. No exceptions will be made.
 - b. Staff members that do not have paperwork completed in full prior to attending any camp event for 2012 will not be paid but will receive a letter of service hours.
 - c. Please look at your weekends and sign up now through your staff account. There are only a limited number of spots per weekend.
- III. Certifications
 - a. Each staff member is required to hold a current 1st Aid Certification. A copy of your certification must be sent into the office every year to complete necessary requirements *prior to camp*. If you do not have certifications completed to prior to camp, this will be reflected in your summer evaluation.
 - b. Each staff member is required to hold a current CPR Certification. (Adult and Child).
 - c. Each staff member is required to hold a current Watersafety certification.
 - d. *Counselors and Program Directors who wish to be considered as boat drivers must hold a current Lifeguard Certification in order to be eligible.- NO EXCEPTIONS*
 - e. **Certifications are due to the camp office by May 15.** All certifications must be current during your working session at camp or you will forfeit your agreement.
 - f. Should you be taking a class after May 15, to be certified before you come to camp, please send in receipt of class or written documentation from the instructor.
 - g. If you are not given your certification cards prior to camp, please send in documentation from the instructor that you have passed your certification. Please **DO NOT MAIL IN ORIGINALS.**
- IV. Paperwork

- a. Hiring papers must be completed each year. All required tax documents for 2012 will be sent in an email PDF format when your agreement is accepted and you have signed up for staff training.
- b. **Hiring Papers are to be completed (including work permit) in full before February 27,2012.** You cannot be paid, work or attend staff training without proper paperwork. If it is late, you will not be paid, there are no exceptions.
- c. Please make sure to include two forms of ID. Legal options are listed on the last page of the I-9. These copies should be emailed or mailed in.
Please do not fax IDs. Photos must be clear.
 - i. ***Drivers License or School ID (as your photo ID) with***
 - ii. ***Social Security Card or Birth Certificate (showing citizenship)***
 - iii. ***Passport will take care of both the photo ID and citizenship aspect***
- d. ****** NEW*** IDs must be current and not expired.***
- e. For your convenience, there is a check off list attached to your tax papers listing all requirements for employment.
- f. Check your staff account to make sure you have everything complete. With the influx of paper work that is received, this is your method to make sure things have been received in the Gainesville office. Please do not call the office. If you have a question, email your site director.

V. Work Permits

- a. Anyone under the age of 18 must have a work permit on file prior to working. **No exceptions.** This is a Georgia State Law.
- b. Work Permits only have to be completed once, they do not expire.
- c. Upcoming staff members are to complete the top section of the work permit **ONLY. DO NOT FILL OUT EMPLOYER INFORMATION** for any reason. Should you choose to, you will forfeit your agreement.
- d. Employer information will be completed by the Camp Office. We will maintain a list of work permits that are complete or in progress.
- e. Only paper trail copies of work permits will be accepted. We will no longer accept work permits via the internet.
- f. Please send a COPY of your work permit or card. You should also keep a copy for your records. Cards that are issued should remain with the staff member.

Please check your staff account to verify documentation has been received. Remember that we have a huge amount of paperwork coming in each day so this will be your most efficient method to see if yours is received. If you have questions about your paperwork, you may contact your site director.

*Lake Burton: Andrew Thomason andrewt@ymcaatlanta.org
Lake Allatoona: Drew Hullinger drewh@ymcaatlanta.org*

Please sign and return to camp office via email or fax.



2012 Staff Agreement of Requirements

I have read the above information regarding what is required of me in order to fulfill my summer agreement for 2012. I understand that if I do not have paperwork turned on time, prior attending staff training or a spring weekend, I will not receive pay but a letter of volunteer hours. I also realize if I do not attend a full staff training weekend (Friday night 7:00 pm- Sunday 11:00am) I will not receive payment for my time.

I understand that if my paperwork is still not completed by May 15, 2012, I will no longer be paid for my summer agreement. I will be considered a volunteer and receive a letter of service hours for my agreement time.

_____ (Printed Name of Staff Member)
_____ (Signature of Staff Member) _____ (Date)

_____ (Printed Name of Staff Parent)
_____ (Signature of Staff Parent)



YMCA Camp High Harbour Services Work Permit Information

- 1 You may obtain a work permit through your school counselor's office
- 2 Fill out the top portion ONLY of the work permit and either email or fax to the office:
770-287-0852 fax or email your weekend director
- 3 YMCA Camp High Harbour will fill out the employer section and return it to you.
- 4 Take the work permit to your school office and they will file it with the state. They will then give you a printed FINAL copy or a card. Please make a copy and send in with your paperwork.
- 5 This process only has to be done once, not annually



Staff Code of Conduct

As an employee of YMCA Camp High Harbour, I recognize that my purpose is to provide an educational, recreational and enriching experience for each camper and, within that effort, to consistently demonstrate an attitude of support, commitment and good will toward the campers, their families and guests, my fellow staff members, management and the YMCA of Metropolitan Atlanta. Changing the lives of young people in a positive Christian atmosphere is the single most important thing you can do and model as a staff member of YMCA Camp High Harbour Services. To insure that we, as a team, accomplish this goal, our staff requirements are listed below. In accordance with this purpose, I promise to honestly and consistently behave in the following manner:

- To set a good example by following the same expectations we have for campers. Proper personal hygiene, appropriateness of dress, bed-making, neat storage of my belongings, enough bed rest, kind treatment of friends and cabin mates, etc. all set the example. There can only be one standard for campers and staff alike if this program is to be effective.
- To maintain a neat appearance and good grooming habits are required. All male staff members will keep clean shaven faces and maintain hair length that is off of the collar and ears. Shirts will be tucked in on opening and closing day! There will be no earrings for the male staff members. Female staff members may only have one earring per ear lobe. Body piercing and tattoos must either be taken out or covered during your agreed employment.
- **Animals are not permitted on camp property by seasonal staff members, no exceptions.**
- I will have completed 1st aid, CPR, and basic water safety *or* Lifeguarding prior to my arrival of my camp commitment for the summer,
- To uphold the trust and responsibility parents and the camp have placed in me for the care and well-being of children, I agree to abstain from the use of alcohol, tobacco and drugs on or near camp property and to be free of their influence on and off camp property at any time when I am serving my camp agreement.
- Whether in camp, on a camp trip, or on my time off, always to keep in mind that I represent YMCA Camp High Harbour, to be considerate of my neighbors and courteous to those with whom I come into contact with during all in and out of camp activities.

- To use YMCA Camp High Harbour supplies for camp purposes only. I understand that personal use of camp supplies (including camp computers and internet access, camp food, camp telephone, camp business supplies, camp art supplies, camp gasoline, etc.) is considered stealing unless usage has been otherwise authorized by the professional staff.
- To maintain the good will of the organization by handling my problems or complaints in a responsible fashion. Problems or complaints should be resolved with the specific individual involved. Additionally, I should always go **up-line** to my Program Director or to the Directors until my problem is successfully resolved. I should never take my problems or complaints to the campers. Discussing problems or complaints with campers or gossiping or griping with other staff members is destructive and undermines the spirit of cooperation and good will which is central to the camp's operation.
- I understand that I am committing to the session times in full from beginning date to end date as stated the agreement.

Staff Member (Printed Name)

Date

Signature

Metro Atlanta YMCA Application For Employment ■

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the YMCA.

Position(s) applied for		Date of application / /	
Name			
Last		First	Middle
Address			
Street		City	State Zip Code
Telephone # ()		Mobile/Beeper/Other # ()	E-mail Address
Referral Source (How did you hear about us?)			
If you are under 18, and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain			
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , give dates and positions			
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date available for work / / What is your desired salary range?			
Type of employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-Op			
Driver's license number if driving may be required in position for which you are applying			State
Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Have you ever pled "guilty" or "no contest" to, or have been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide date(s) and details _____			

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed / / to / /
Street address	City	State
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
Employer	Telephone # ()	Dates Employed / / to / /
Street address	City	State
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
Employer	Telephone # ()	Dates Employed / / to / /
Street address	City	State
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		

SKILLS and QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ E-mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most school attended, provide the following information.

School (include City & State)	Years Completed	Degree	Major/Minor

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship To You	Telephone	Number Of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resum6 or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only **90** days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the Applicant Statement.

X Signature of Applicant _____

Date ____/____/____

Affirmative Action Voluntary Information

The Metro Atlanta YMCA considers all applicants for positions without regard to race, color, religion, sex, age, mental or physical disabilities, veteran/reserve/national guard or any other similar protected status. The Metro Atlanta YMCA complies with all laws governing employment practices. We do not distinguish on the basis of any unlawful measure.

This survey is to be completed by the applicant voluntarily (this is not mandatory or a part of the hiring process). Thank you for your help.

Applicant Information

Applicant's Name _____ Date _____

Address _____ Position Applied for _____

_____ Referral Source _____

Telephone # () _____

Sex National/Cultural Origin

Male _____ American Indian/Alaskan Native _____ Hispanic /Latino(white races only)

Female _____ Native Hawaiian/Pacific Islander _____ Hispanic /Latino(all other races)

_____ Asian _____ African American _____ Caucasian

Administrative Use Only

Was the position applied for available? yes no comment: _____

Was the applicant considered for another position or hired? _____

What position _____ Date of hire _____

Which best describes the position filled?

- | | | |
|--|--|--|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Laborers | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Office/Clerical Workers | <input type="checkbox"/> Craft Workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Service Workers | <input type="checkbox"/> Technicians | <input type="checkbox"/> Operatives |

Notes _____

Completed by _____ Date _____



YMCA of Metropolitan Atlanta, Inc.
Veteran Status Disclosure Form

Organizational	
Location	
Dept.	
Branch	WHJ

Please PRINT name clearly:

/

First Name **Middle Name** **Last Name** **Former Last**

Vietnam-Era Veteran: Are you a veteran of the Vietnam era? A veteran of the Vietnam era means a person who: (A) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of the person's active duty occurred: (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of the person's active duty was performed: (1) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (2) between August 5, 1964, and May 7, 1975, in all other cases.

Special Disabled Veteran: Are you a special disabled veteran? A special disabled veteran means (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veteran's Administration for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C., to have a serious employment disability; or (2) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veterans: Are you a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized? Examples: World War II, Korea, Persian Gulf War, Desert Shield, Desert Storm, Bosnia, Somalia, Kosovo, Afghanistan, Iraq

Disabled Individual: Are you a disabled individual? A disabled individual means any person who (1) has a physical or mental impairment that substantially limits one or more major life activity when using a mitigating measure; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Disability Limitations			
Yes		No	
Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the position which you have applied?			

Indicate Veteran of:	
Vietnam-Era	
Special Disabled Veteran	
World War II	
Korean War	
Persian Gulf War	
Desert Shield	
Bosnia	
Somalia	
Kosovo	
Afghanistan	
Iraq War	

Branch of Service	
Army	
Navy	
Air Force	
Marines	
Coast Guard	
Nat. Guard	

UltiPro Update	
Initials	
Date	

This information is to be used for statistical Federal reporting purposes only and will not be used as criteria in the hiring, training, promotion or employment practices of the YMCA of Metropolitan Atlanta, Inc.



YMCA of Metropolitan Atlanta, Inc.

Consent Form for Pre-Employment

Criminal Back Ground Check and Drug Free Saliva Test

Branch	HHH	Dpt. #	
Back Ground Screening Used			
Choice Point			
Bright from Start			
Chamblee Police			
Other Local Police			
Result: Clear Record			
Attach results to consent / file to EE file			
Result: Record			
Sent to Metro for Approval			

Drug Free Saliva Administration and Result			
Date Administered	/ /	Result: Negative	
Time Administered	:	Result: Non-Negative	
Referred Choice Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared for Employment	
Administered By			
Signature			

PRINT LEGAL NAME clearly: _____ / _____

First	Middle	Last	Former Last Name
-------	--------	------	------------------

Current Address		Social Security #	
_____		_____	
Date of Birth		_____ / _____ / _____	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Ethnic ID			
Am. Indian/Alaskan	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Hawaiian/Pacific Islander	<input type="checkbox"/>	Black	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>
Multi-Racial not Hispanic	<input type="checkbox"/>		<input type="checkbox"/>

Address _____

City _____ State _____ Zip Code _____, USA

County _____ / _____

Home Phone _____ Other Phone _____

I hereby authorize the YMCA of Metropolitan Atlanta, Inc. to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I further understand that my employment is contingent upon successfully passing (negative result) a drug screen and hereby consent to such a test. In the event I test non-negative, I may elect to submit to further screening from Choice Care within 24 hours of the non-negative result.

Applicants Signature to Consent	Date	Office Manager / YISE Update	
_____	_____	Initial	Date

METRO ATLANTA YMCA

*** KEEPING KIDS SAFE ***

The YMCA of Metro Atlanta as a premier child and family serving agency recognizes its responsibility to always provide children and youth with the safest possible place. As an employee you are required to abide by the following code of conduct:

1. In order to protect YMCA staff, volunteers and program participants, at no time during a YMCA program may a staff person be alone with a single child where the staff and a child cannot be observed by others. As staff supervise children they should space themselves in a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff. If staff are assisting younger children, doors to the facility must remain open. No child regardless of age should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff. Staff supervising children with special needs for assistance shall be trained in appropriate assistance techniques and should always try to be where one other staff can see them.
4. Staff should conduct or supervise private activities in pairs--diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children including: physical abuse (strike, spank, shake, slap); verbal abuse (humiliate, degrade, threaten); sexual abuse (inappropriate touch or verbal exchange); mental abuse (shaming, withholding care, cruelty); neglect (withholding food, water or basic care). Any type of substantiated abuse will not be tolerated and will be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint will be used only in pre-determined situations (necessary to protect the child or other children from harm), and is only administered in a prescribed manner and must be documented in writing.
7. Staff will conduct a health check of each child each day noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child by a supervisor or program director in a non-threatening way. Any questionable marks or responses should be documented by the supervisor or program director.
8. Staff respond to children with respect and caring and treat all children equally regardless of sex, race, religion or culture, ability or disability.
9. Staff will respect children's rights not to be touched in ways that make them feel uncomfortable and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents and other staff.
11. The YMCA does not discriminate against an individual's lifestyle or habits away from the job provided such does not interfere with quality YMCA program work. It does require that in the performance of their job staff will abide by the standards of conduct set forth by the YMCA.

12. Staff must appear clean, neat and appropriately attired.
 13. Using, possessing or being under the influence of alcohol or illegal drugs during working hours is prohibited.
 14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
 15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children or parents is prohibited.
 16. Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
 17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity. (Remember our values: caring, honesty, respect and responsibility.)
 18. Understanding that the YMCA cannot control staff outside of the work setting, staff understand that being alone with children they have met in YMCA programs (eg.: baby-sitting or inviting children to their homes) puts both themselves and the YMCA at risk and is thoroughly discouraged by the YMCA. Staff also understand that all parent packets discourage parents using YMCA staff for baby-sitting.
 19. Staff are not to transport children in their own vehicles. If an exception occurs for program reasons, staff are required to call the branch and inform them when they are leaving and where they are going and their expected time of arrival. Staff will call when they arrive unless they are driving to the branch.
 20. Adult staff may not date program participants under the age of 18 years of age.
 21. Under no circumstances should staff release children to anyone other than the authorized parent, guardian or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA). If a dispute arises over child custody, supervisors are to refer to any legal papers filed (as in divorce or separation agreements).
 22. Staff are required to read and sign all policies related to identifying, documenting and reporting child abuse and attend training on the subject, as instructed by a supervisor.
- An adverse background report will result in termination as an employee of the YMCA. This includes any arrest or conviction involving crimes against youth or children, sex crimes or any felony conviction.
- Staff further understand that if they see any staff person failing to keep kids safe, they are to report concerns to their supervisor, program director or branch executive. Any violation of this code may result in termination.

X _____
Signature

Date



YMCA Camp High Harbour Services

Staff Driving Policy

Staff Under 18 Years of Age

Important: This form must be signed by parents/guardians and staff member and be on file with the camp office. Without a signed permission form, staff members will forfeit their opportunity to have a car at camp.

Due to the changes in driving laws for anyone under the age of 18, YMCA Camp High Harbour is implementing a new policy for staff under the age of 18.

The following guidelines have been set up by YMCA Camp High Harbour Services for the safety of our staff.

Staff members who are 16 and all CIT (counselor-in-training) positions:

- * Mandatory supervised nights out in a YMCA vehicle driven by a Program Director or Professional Staff member.
- * All staff members are required to work at least one weekend of their contracted sessions at camp.
- * On a staff member's off weekends, staff with permission from their parents and the site director can leave camp property from Saturday afternoon until 11:30 am on Sunday morning.
- * Staff members must be past the 6 month passenger driving restriction and have prior approval from parents to have passengers in their vehicle.
- * All staff are responsible for their own vehicle.

Staff members who are under the age of 18 (any position):

- * All staff members are required to work at least one weekend of their contracted sessions at camp.
- * Any staff member, regardless of age or position, can participate in the supervised nights out (5:30 - 11:45 pm).
- * All staff members, who are under the age of 18, must have written permission from their parents to drive their personal vehicle off camp property on nights out or their off weekends.
- * Staff members must be past the 6 month passenger driving restriction and have prior approval from parents to have passengers in their vehicle.
- * All staff are responsible for their own vehicle.

Please read carefully, check all appropriate boxes and sign below.

- My staff member is either 16 years old and/or a CIT. I understand that all nights out are supervised by a Program Director or a Professional staff member. My staff member **can/cannot** drive his/her personal vehicle off camp property during off weekends. I understand that camp is not responsible for personal vehicles. *(Please circle one.)*
- My staff member is under the age of 18. My staff member **can/cannot** drive his/her personal vehicle off camp property during nights out and off weekends. I understand that camp is not responsible for personal vehicles. *(Please circle one.)*
- My staff member has passed the 6 month passenger restriction period and has my permission to have passengers in his/her vehicle.
- My staff member cannot have passengers in his/her vehicle.
- My staff member does not have my permission to drive and must participate in all supervised nights out.
- My staff member **can/cannot** ride with another staff member. *(Please circle one.)*

I have read the information listed above and understand the new driving policy for YMCA Camp High Harbour. I also understand that YMCA Camp High Harbour cannot be held responsible for failure to comply to the above policy. I have attached a copy of _____ print name _____ valid driver's license.

Parent/Guardian Signature

Staff Signature



YMCA of Metropolitan Atlanta, Inc.
Motor Vehicle Record Request Form

In order to drive a YMCA vehicle or to be reimbursed for mileage, the YMCA must obtain your Motor Vehicle Record. Your driving record must be within the guidelines as detailed on this form. *Please fill out the form completely and submit with a clear, enlarged copy of your current driver's license.* The information on the form should exactly match the information on the license.

Organizational		
Branch	HHY	
Dept		
CDL Required	Yes	No

Social Security #	
Drivers License #	
State of Issue	
Expiration Date	
Birth Date	

First Name	Middle Name	Last Name	Former Last Name

Address	City	State	Zip

	United States	
County	Country	Phone

By signing this disclosure, I hereby authorize the **YMCA of Metropolitan Atlanta, Inc.** to obtain my driving record from the State Motor Vehicle Record Unit. This report may be procured by Williams, Turner, & Mathis, Inc. and may include an assessment of my insurability under the YMCA of Metropolitan Atlanta, Inc. insurance coverage or other consumer reports. I also authorize the YMCA to procure additional motor vehicle reports about me, as it deems appropriate, to evaluate my insurability.

Applicants' Signature to Consent	Date

For Office Use Only

Organizational		
MVR Satisfactory	Yes	No
Ultipro Updated	Yes	No
Staff Initials		

Comments	
----------	--



YMCA of Metropolitan Atlanta, Inc.
Minimum Driver Underwriting Guidelines

To operate a YMCA vehicle or to be reimbursed for mileage, the driver must meet the follow guidelines:

1. Be a minimum of 21 years of age if transporting others

2. Meet current Department of Transportation physical standards

3. License

Must possess a current, valid non-restricted (other than hearing aid or corrective lens requirement) chauffeur's (or proper class for the type of vehicle to be operated) license. The license must be issued **ONLY** by the ***State of Current Residence***.

4. Driving record (Disqualifying factors as determined by an MVR)

Drivers 21-24 years of age

Maximum of 1 incident in 36 months.

No major violations.

Drivers 25 years of age and older

Maximum of 2 incidents in 36 month period with only 1 in past 12 months.

Drivers with 3 incidents will be put on a 6 month watch, and the MVR will have to be repeated in 6 months.

No major violations in past 7 years.

Please indicate on your MVR request if the driver needs to have a valid CDL license

An incident is a minor violation. Most moving violations are minor violations. Some examples of major violations are convictions for:

- DWI or DUI (Refusal to submit to any measurement test for presence of alcohol as required will be interpreted as a DWI or DUI).
- Reckless Driving
- Hit and Run
- Speeding 25mph+ over limit
(Exception: Will be approved if no more than 25 in a 55 zone only and no other violations are on the mvr)
- Driving without a license or with a suspended license
- Passing stopped school bus while red stop light is flashing
- Possession, transportation, or use of a controlled substance

***Complete list can be provided upon request**

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2012</div>
1 Your first name and middle initial _____ Last name _____	2 Your social security number _____	
Home address (number and street or rural route) _____	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code _____	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____	6 \$ _____	7 _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature _____ (This form is not valid unless you sign it.) ▶	Date ▶ _____	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____	9 Office code (optional) _____	10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

STATE OF GEORGIA

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: enter 0 or 1 []
- B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 []
- C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 []
- D. Married Filing Separate: enter 0 or 1 or 2 []
- E. Head of Household: enter 0 or 1 or 2 []

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(complete worksheet below)

6. ADDITIONAL WITHHOLDING \$ _____

7. LETTER USED (Marital Status A, B, C, D, or E) _____ TOTAL ALLOWANCES (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables on pages 16 through 35 of the Employer's Tax Guide)

8. EXEMPT: I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here .

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 if the employee claims over 14 allowances or exempt from withholding. Mail entire form to Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____ EMPLOYER'S FEIN: _____
EMPLOYER'S WH#: _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
 Yourself: Age 65 or over Blind
 Spouse: Age 65 or over Blind Number of boxes checked ____ x 1300 \$ _____
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
 A. Federal Estimated Itemized Deductions \$ _____
 B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
 Each Spouse \$1,500 \$ _____
 C. Subtract Line B from Line A \$ _____
 D. Allowable Deductions to Federal Adjusted Gross Income \$ _____
 E. Add the Amounts on Lines 1, 2C, and 2D \$ _____
 F. Estimate of Taxable Income not Subject to Withholding \$ _____
 G. Subtract Line F from Line E (if zero or less, stop here) \$ _____
 H. Divide the Amount on Line G by \$2,700. Enter total here and on Line 5 above
 (This is the number of additional allowances. If the remainder is over \$1,350 round up).

CREATE AS MANY COPIES AS NEEDED

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single - enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Use the worksheet at the bottom of Form G-4 to determine the number of additional allowances to which you are entitled and enter the total here.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8: Check the box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and did not have a tax liability, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year.

O.C.G.A. 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year.

NOTE: Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
YMCA of Metro Atlanta 100 Edgewood Ave STE 1100 ATL 30303		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	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	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



YMCA of Metropolitan Atlanta, Inc.
Direct Deposit Request Form
Checking, Pay Access and/or Savings

Request		Organizational	
Direct Deposit		Location	
Pay Access Card		Dept.	
Savings Account		Branch	HHY
Other / Change			

Today's Date	/	/
Pay Group	BW	<input checked="" type="checkbox"/> SM

Employee's Name				/	
	First	Middle	Last		Former Last

I (we) hereby authorize YMCA of Metropolitan Atlanta, Inc. hereinafter called COMPANY, to initiate debit/credit entries to my (our) checking and/or saving account (s) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit the same to such account (s). This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Existing Accounts:	Deposit	Add	DeL	Checking	Savings	Account Number	\$ Amount	%
	#1							
	#2							
	#3						Balance	

STAPLE COPY OF VOIDED CHECK(S), SAVINGS DEPOSIT SLIP(S) HERE, OR ATTACH INFORMATION PROVIDED BY YOUR BANK FOR DIRECT DEPOSIT. DO NOT STAPLE A COPY OF YOUR CHECKING ACCOUNT DEPOSIT SLIP

Pay Card Enrollment

I authorize the YMCA of Metropolitan Atlanta, Inc. to deposit my payroll checks into the pay card account listed below with the financial institution. If funds to which I am not entitled are deposited to my account in error, I authorize the YMCA to direct the financial institution to return such funds. In the event of an employee termination the final pay may be a physical check. This authorization shall remain in effect until I have canceled it in writing or upon rejection of a deposit by the financial institution because the account in question is closed, in which case this authorization shall be canceled.

Social Security #	- -	Card Serial #	
Routing #	122244171	Account #	
		Date of Birth	

Signature: _____ Date: _____

Allow 2-4 weeks for the Direct Deposit Request to take effect.

UltiPro Update		
Initials		Date

ORIENTATION SIGNATURE PAGE

ORIENTATION WORKBOOK

SUPERVISOR: COPY AFTER THE EMPLOYEE SIGNS/DATES AND FILE AT YOUR BRANCH IN THE PERSONNEL FILE OF THE EMPLOYEE.

All employees must review the employee handbook, available on the intranet (under human resources), with their supervisors.

I have read and I understand the Metropolitan Atlanta YMCA orientation workbook.
I have read and I understand the Metro Atlanta YMCA employee handbook. I understand that YMCA policies and procedures may change.

I pledge to "KEEP KIDS SAFE" at all times and understand my conduct is crucial to their safety and well-being.

The YMCA Drug Free Workforce Policy and program has been read in this manual. I understand the company considers the harmful effect of drug or alcohol abuse to be an unsafe, under productive work practice. I understand to achieve its goal, the YMCA has established, when performance indicates, appropriate drug testing procedures after commencement of employment.

I further understand I may be required to submit to a drug test procedure. I agree that I will submit to a requested screening and I understand that my failure to comply with such a request or a positive result failing to meet minimum test standards may result in my immediate suspension or termination of employment.

I also understand that I must comply with all OSHA regulations particularly those pertaining to "BLOOD BORNE PATHOGENS" and will wear appropriate safety equipment as necessary to carry out the functions of my position.

Finally, I understand that violating any YMCA policy or procedure may result in suspension or termination of employment.

EMPLOYEE SIGNATURE

DATE

Print & Sign Name Please