



City of Los Angeles Department of Recreation and Parks  
**YOUTH EMPLOYMENT INTERNSHIP PROGRAM**

# Application Checklist

Intern Name \_\_\_\_\_ Location/Site \_\_\_\_\_

YEIP Class \_\_\_\_\_ Track # \_\_\_\_\_

✓ Form	Date Rcvd'	Notes
Registered on RecTrac		
Program Application		
Intern and Parent Agreement		
Program Rules and Regulations		
JJCPA Programming Form (Parental Agreement)		
<b>First</b> Day Survey (Pre-Questionnaire)		
<b>Signed</b> W-9 Form <b>Name on W-9 must match SOCIAL SECURITY CARD</b>		
<b>Signed</b> Copy of Social Security Card		
<b>Last</b> Day Survey (Post-Questionnaire)		
Signed For & Received Stipend Check		

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Administrative Staff Use Only			
Application	✓ Approved	✓ Denied	Youth ID Number: _____
Date Received _____	Intern Drop Date (if any) _____		
Application Reviewed by _____		Date _____	
Entered into Database by _____		Date _____	



City of Los Angeles Department of Recreation and Parks  
**YOUTH EMPLOYMENT INTERNSHIP PROGRAM**

**YEIP Program Application**

Please print neatly in completing this application.

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

YEIP Class \_\_\_\_\_

Location \_\_\_\_\_

Grade:

School Attending:

APPLICANT'S INFORMATION			
NAME (First, Middle Last)	AGE	BIRTHDATE (mm/dd/yyyy)	GENDER
ADDRESS (Street, City, State, Zip)			
EMAIL ADDRESS		CELL / HOME PHONE	

PARENT/GUARDIAN INFORMATION			
NAME (First, Middle, Last)	RELATION	CELL / HOME PHONE	WORK PHONE
ADDRESS (Street, City, State, Zip)		EMAIL	

PARENT/GUARDIAN INFORMATION			
NAME (First, Middle, Last)	RELATION	CELL / HOME PHONE	WORK PHONE
ADDRESS (Street, City, State, Zip)		EMAIL	

**Instructions:** Make the appropriate selections for the following:

**RACE** - Select one of the following 10 categories

Place an X to the left of the appropriate box			
<input type="checkbox"/>	1. American Indian or Alaska Native	<input type="checkbox"/>	6. American Indian or Alaskan Native <b>AND</b> White
<input type="checkbox"/>	2. Asian	<input type="checkbox"/>	7. Asian <b>AND</b> White
<input type="checkbox"/>	3. Black or African-American	<input type="checkbox"/>	8. Black/African-American <b>AND</b> White
<input type="checkbox"/>	4. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	9. American Indian/Alaskan Native <b>AND</b> Black/African American
<input type="checkbox"/>	5. White	<input type="checkbox"/>	10. Balance _____ / Other

**ETHNICITY** - Select one

**GENDER** - Select one

Place an X to the left of the appropriate box			
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Male
<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Female
<input type="checkbox"/>		<input type="checkbox"/>	Non-Binary
<input type="checkbox"/>		<input type="checkbox"/>	Prefer not to disclose

I hereby state that the information contained within this application is truthful and accurate, and is to be considered an integral part of my agreement I may enter for the Youth Employment Internship Program (YEIP) and its classes and activities.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



City of Los Angeles Department of Recreation and Parks  
**Youth Employment Internship Program**

## **INTERN AND PARENT AGREEMENT**

**The signing of this agreement by internship applicant and his/her parent/guardian binds them, upon selection, to the following:**

1. I agree to complete the Youth Employment Internship Program to the best of my abilities.
2. I understand and agree that I will attend all hours of training during the sessions for which I am selected. I understand that I cannot miss any days of class. If I miss any class or portion of a class, there will be make-up work assigned. **If I do not attend all classes or complete make-up work, I will be terminated from the program and will not receive credit for the program, nor the \$500 stipend check.**
3. The Parent/Guardian agrees to do their best to help their child meet the responsibilities of the program.
4. The City of Los Angeles Department of Recreation and Parks Youth Employment Internship Program will provide the participant with a shirt which is required to be appropriately worn at all times on all training dates. Upon the successful completion of the program, the shirt will become the property of the applicant.
5. I agree to notify the YEIP Administration if my address and/or telephone number changes while in the program **or** after completion and fill out any necessary paperwork.
6. I understand that following the completion of the program, if all YEIP paperwork is completed and turned in; including a W-9 Form, signed copy of my Social Security Card, and I have completed the required hours, I will be eligible to receive a stipend check. **Due to the long processing times, stipend checks could take up to 3 months to be issued.** The intern will be notified of when the stipend check is available for pick-up. The stipend check must be picked-up and signed for by the intern, in person.
7. I understand there will be a clear and concise set of rules for the program and they will be explained to me on the first day of training. I also understand that breaking these rules may be grounds for dismissal from the program, and forfeiture of all benefits afforded through participation in the program.

**As the parent/guardian of a participant age 18 years or under, I have read, understood, and voluntarily agree that my child \_\_\_\_\_, may participate in the CLASS Parks Youth Employment Internship Program (YEIP) and its classes and activities.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



City of Los Angeles Department of Recreation and Parks  
**YOUTH EMPLOYMENT INTERNSHIP PROGRAM**

**PROGRAM RULES AND REGULATIONS**

1. The Youth Employment Internship Program (YEIP) is a training program that includes job preparation skills (application and writing), financial and banking skills (investments and personal checking) and life skills.
2. Registration Forms and other required paperwork must be completed and turned in by the first day of class in order to continue in the program and to receive your stipend check.
3. **Interns are required to participate in a total of 36 hours to successfully complete the program.** Participants that miss any class hours will be required to make-up them up. Only a total of 6 hours can be made-up.
4. Make-up hours may be completed at any non-profit organization such as teen centers, recreation centers, Boys and Girls Clubs, churches, day care centers, after-school programs, hospitals, etc. Made-up hours must be documented by the organization either by using a YEIP Community Service Form **or** on company letterhead signed by an overseeing employee. The documentation must include the dates, times, and number of hours worked as well as a description of the work completed.
5. Participants must **sign-in** and **sign-out** each day in order to receive full credit. If an intern fails to sign-in for the day, no hours will be awarded. Please inform an on-site instructor if you are required to be absent or leave class early.
6. Participants must bring their notebooks and all related material with them to each class and are expected to be fully prepared to participate in all activities.
7. Participants must wear their program shirts during all training days.
8. Participants must conduct themselves in a professional manner at all times. Respectful behavior is expected throughout the program and disrespectful behavior of any type will not be tolerated. Interns are to arrive to class each day with a positive attitude with the desire to learn and work as a team with others.
9. Participants must report back from all breaks on time, including lunch, or will risk losing class hours.
10. Cell phones are not permitted during training and are to be turned off prior to the start of class.
11. Participants shall refrain from using profanity.
12. Possession of weapons, drugs, alcohol, cigarettes, and/or vapes will be cause for immediate dismissal from the program.
13. Fighting, stealing, disobeying program rules, and/or any other type of misconduct will be cause of immediate dismissal from the program and may result in other disciplinary actions.
14. YEIP will not provide lunch. Snacks will be provided at each class session.
15. For safety purposes, participants must inform instructors when leaving the training area, including to the restrooms.
16. Participants should immediately inform instructors if they become aware of a problem at the site.

**I understand that a failure to comply with the above listed program rules and/or the breaking of program policy stated on all forms of the YEIP registration application may be grounds for dismissal from the program and forfeiture of all benefits afforded through participation.**

**Applicant Name** (please print) \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Name** (please print) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# JUVENILE JUSTICE CRIME PREVENTION ACT PROGRAMMING

## PARENTAL AGREEMENT

The City of Los Angeles received funding from the **County of Los Angeles** to provide educational, pro-social, and recreational programs to youth under the provisions of the Juvenile Justice Crime Prevention Act (JJCPA). JJCPA is a statewide initiative designed to support juvenile programs that promote pro-social skills development and educational advancement.

Weekly activities will take place at \_\_\_\_\_.

**CLASS PARKS** works with schools, County agencies, community-based organizations, and other service agencies in the community; we are seeking your permission to provide your child with the opportunity to participate in these programs. As a condition to your child's participation in these programs, the JJCPA program requires that certain information about your child (such as name, gender, date of birth, ethnicity, zip code of residence, and program start and end dates) be collected and shared with the County to evaluate and assess JJCPA programs and services (Participant Information).

PLEASE BE AWARE THAT YOU OR YOUR CHILD CAN WITHDRAW FROM THIS PROGRAM AT ANY TIME.  
THERE ARE NO FEES FOR THIS SERVICE.

In consideration of the student, \_\_\_\_\_, participating in this voluntary program, the student and parent(s) releases the County of Los Angeles and City of Los Angeles of all liabilities that might occur as a result of participation in this program and consents to the release of the Participant Information to the County to study the effectiveness of JJCPA programs and services.

**Note:** Even though your child's Participant Information will remain confidential, such information will be kept for statistical purposes by the Los Angeles County Probation Department to study the effectiveness of JJCPA programs and services.

If you would like your child to participate in these JJCPA services, please sign and date this letter and return it to our office.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

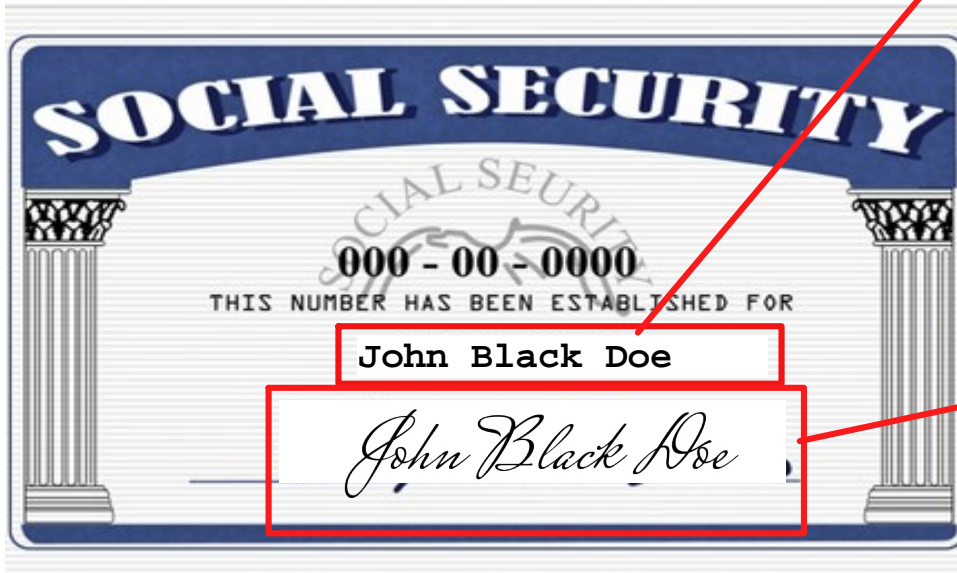
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## How to complete your social security card :

1. Sign full name in cursive. Do not print name.
2. Signature must be in blue or black ink
3. Do not sign name below Social Security card.
4. Social Security card is only valid if signed.
5. Social Security Card must be signed in order to receive stipend check. If card is not signed you will not receive stipend.
6. Do not copy Social Security Card on color paper. Use only white paper.
7. Parent / Guardian can not sign social security card.

If the intern has 3,4, or 5 names on SSN card they need to sign ALL names in cursive. That goes for the W9 as well. Names need to be the same.



## How to complete W- 9:

1. Print full name on line 1. Write name as stated on social security card.
2. Use blue or black ink. Do not use pencil.
3. Print address, city, state, and zip code on line 6 & 7.
4. Sign full name in cursive on signature line.
5. Do not print name.
6. Parent / Guardian can not sign W-9

Please write out all words for example  
**W = West**  
**Bldv= Boulevard**

**W-9** Request for Taxpayer Identification Number and Certification

Form (Rev. November 2005)  
 Department of the Treasury  
 Internal Revenue Service

Name (as shown on your income tax return)  
**John Black Doe**

Check appropriate box:  Individual/ Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

Address: **3900 South Chey Chase Drive**  
 City, state, and ZIP code: **Los Angeles, CA. 90039**

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

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

Social security number: **000-00-0000**  
 or  
 Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here: **John Black Doe** Signature of U.S. person Date: **10-13-22**

**Purpose of Form**

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Cat. No. 10211K Form **W-9** (Rev. 11-2005)