

## Hooptown Staff Cover

Job availability will depend upon: Coaching skills and what you will bring to the Hooptown experience.

**Please include this sheet with the weeks of camp checked that you would like to work and this checklist indicating that you have included ALL NECESSARY DOCUMENTATION- COMPLETELY FILLED OUT.**

Name : \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Cell # \_\_\_\_\_

**Please check the weeks that you are available and would like to work this summer**

Girls: \_\_\_\_\_ July 5 - 9 \_\_\_\_\_ July 12 - 16

Boys: \_\_\_\_\_ June 21 - 25 \_\_\_\_\_ June 28 - July 2 \_\_\_\_\_ July 19 - 23 \_\_\_\_\_ July 26 - 30 \_\_\_\_\_ Aug 2 - 6

**Please return all the following paperwork.**

1. **Application** \_\_\_\_\_
2. **Health Form** \_\_\_\_\_
3. **A current physical and immunization record** \_\_\_\_\_ (physical should be dated within 18 months)
4. **A Request for Taxpayer Certification** \_\_\_\_\_
5. **Cori (Criminal Offender Registry Information) Release Form** \_\_\_\_\_
6. **A Sori (Sexual Offender Registry Information) Release Form** \_\_\_\_\_
7. **A Suspected Abuse Policy & Alcohol, Drug and Tobacco Policy** \_\_\_\_\_
8. **A copy of your ID (must be from your Drivers License, Passport, Photo ID, Military ID, student ID or a copy of your birth certificate** \_\_\_\_\_
9. **Heads up Concussion Training Certificate** - \_\_\_\_\_

**YEARLY All staff must complete online course on Concussions - and print certificate and return with application.**

No application will be considered unless all paperwork is complete. Please return all paperwork to Coach Fazio or Mail :

Hooptown  
PO Box 1542  
Andover, MA 01810

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Social Security # \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_

**PERSONAL REFERENCES:** We require 3 references, and they must be from individuals who are not relatives - who do not work at Hooptown.

Name	Address	Phone

**PREVIOUS WORK EXPERIENCE:** We must obtain and confirm 5 previous years of work experience. Please indicate in the chart below your work experience during that time period - beginning with your most recent. If you have less than 5 years of work experience please indicate the work experience that you do have.

Name of Employer	Job Title	Contact Person	Phone

# Hooptown Staff - MANDATORY HEALTH FORM & RELEASE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Physician : \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone \_\_\_\_\_

Do you wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain \_\_\_\_\_

Do you have any medical condition that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain \_\_\_\_\_

Are you on any medications and will you be bring them to camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain \_\_\_\_\_

Have you ever had chicken pox or vaccination Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICAL / IMMUNIZATION

We are required to have a current immunization record **AND** a copy of every employee's most recent physical exam (dated within 18 months) on site. In order for us to accept your application to work at Hooptown you must attach a copy of your most recent physical AND current immunization record from your physician. (*specifically your tetanus (with in 10 yrs) and the dates of two MMR'S*)

**RELEASE STATEMENT** \_I understand that Hooptown cannot be held responsible in or in part for any accident result in medical or dental expenses incurred while working at this camp. I hereby release them from and against any and all claims, cost, liabilities and injuries incurred while working at this camp. I will be financially responsible for any medical attention needed during camp resulting from injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. In the event of an emergency, I authorize Hooptown to exercise its best judgement in any necessary emergency medical treatment.

\_\_\_\_\_  
SIGNED \_\_\_\_\_ Date \_\_\_\_\_ SIGNATURE OF PARENT (If coach is under 18)

**Note: No coach will be hired without this form completely filled out.**

**A copy of physical taken within 18 months**

**A copy of immunization records.**

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<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; check only <b>one</b> of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	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 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 instructions for line 1 and the chart on page 4 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 on page 3.

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

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

\_\_\_\_\_ **Hoptown** \_\_\_\_\_ is registered under the  
 (Organization)  
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to \_\_\_\_\_ **Hoptown** \_\_\_\_\_  
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_ **Hoptown** \_\_\_\_\_  
 (Organization)  
 with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The \_\_\_\_\_ **Hoptown** \_\_\_\_\_ may conduct  
 (Organization)  
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that \_\_\_\_\_ **Hoptown** \_\_\_\_\_, must first provide me  
 (Organization)  
 with written notice of this check.

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

\_\_\_\_\_

*Signature of CORI Subject*

\_\_\_\_\_

*Date*



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



**SUBJECT INFORMATION**

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

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

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

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*



Hooptown Staff Policy Agreements  
Suspected Abuse and Neglect Policy  
Alcohol, Drug ,Tobacco And Recreational Marijuana Use Policy

## ABUSE AND NEGLECT POLICY

One of the responsibilities of the staff members working for a licensed sports camp in the Sate of Massachusetts is to be aware of any possible signs of abuse with our campers. Any staff member who suspects an incidence of child abuse or neglect which has occurred at the camp or off site must notify the camp administration (Camp Director, Program Coordinators, Administrative Assistant, Health Care Supervisor) immediately.

- (1) All staff shall immediately report any suspected child abuse or neglect. The report shall be made either to the Massachusetts Department of Children and Families or its successor, or to the camp director.**
- (2) The camp director shall immediately report suspected abuse or neglect to the Massachusetts Department of Children and Families, or its successor.**
- (3) The camp director shall notify in writing the Department and the Board of Health if a report is filed pursuant to M.G.L. c. 119, § 51A alleging abuse or neglect of a child while in the care of the recreational camp for children or during a program-related activity. The report filed pursuant to M.G.L. c. 119, §**
- (4) 51A itself shall not be forwarded to the Department or Board of Health**

## ALCOHOL, DRUG, TOBACCO AND RECREATIONAL MARIJUANA USE POLICY

Staff may not consume legal or illegal controlled substance on the grounds of Andover High School at any time. Use of alcohol and recreational use of marijuana in any form is prohibited at a recreational camp for children during camp operating hours. Staff may never smoke or use tobacco products on the grounds of Andover High School. It is a tobacco free campus. Tobacco products include cigarettes, cigars, chewing tobacco, snuff and herbal cigarettes

No use of electronic nicotine delivery devices (vaping) Staff may at no time leave camp to use tobacco Tobacco use in any form, including nicotine delivery systems (e.g., electronic cigarettes) but excluding cessation products approved by the U.S. Food and Drug Administration, shall not be allowed by staff, campers or any other person at a licensed recreational camp for children.

Possession of drugs on the grounds of Andover High School is grounds for immediate termination. Suspicion of drug possession will be investigated

Staff may never be under the influence before arriving to camp and may not leave and return under the influence of controlled substances Staff who are in violation of the alcohol, drug and tobacco policy will be asked to leave the school grounds. Use of illegal, controlled substances will be reported to the authorities. Any violation of the alcohol, drug and tobacco policy by underage staff will be reported to the employee's parents

Staff in violation of the alcohol, drug, tobacco and recreational marijuana policy will be immediately terminated Physician prescribed drugs will be kept with the Health Care Supervisor

**I have read and completely understand Hooptown's Alcohol, Drug and Tobacco Policy and Suspected Abuse Policy. I have been informed that any violation of these policies will lead to my termination and removal from the Hooptown staff.**

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_