

# Youth Build

# Corbin, Adam

Oct - May 2011

#2

YBTC

Leadership

Other

# CERTIFICATE OF COMPLETION

This certificate is awarded to

*Adam Corbin*

# YouthBuild

For completion of YouthBuild Program and Summer Extension Program October 1, 2010-July 15, 2011

A NEW WORLD OF OPPORTUNITY

*Kim Gribbi*

YouthBuild Manager

*Joe Parent*

YouthBuild Construction Coordinator

# YouthBuild Program

## Participant Handbook Acknowledgment

By signing below, I acknowledge that:

1. I have received a copy of the **YouthBuild Program Participant Handbook**.
2. I was presented with all the information in the handbook and had the opportunity to ask questions concerning its content.
3. If I have future questions regarding any of this information, I will contact my YouthBuild supervisor.
4. I will adhere to all YouthBuild policies and procedures.
5. The policies and procedures contained in this handbook are subject to change.
6. Failure to fulfill these responsibilities could result in early termination of my participation in the YouthBuild Program.
7. My signature on this document indicates my full consent to adhere to the terms, conditions and policies contained in the handbook.

Additionally, I agree that upon completion of the summer extension, I will work independently within the context of the YB program in pursuit of outside employment and/or college, vocational training, or military admission. This will include completion of both career development and post secondary preparatory computer programs, filling out financial aid information, admission applications and scheduling informational interviews OR filling out job applications, preparing for interviews, and making interview arrangements with potential employers.

YB Participant Name: Adam Scott Colbin  
(Please Print)

YB Participant Signature: Adam S Colbin

Today's Date: 6/10/2011

YB Staff Signature and Title: Kim Trudi - YB Mgr

**Orientation Packet Checklist**

1. W-9 Forms
2. Participant Handbook rolled out and signed for
3. Timesheets
4. Emergency Information Forms



**YOUTH SERVICES PROGRAMS**  
**890 Parsons Rd. - Traverse City, MI 49686**  
**Phone: 231-922-6240 - Fax: 231-922-6325**

Worksite # \_\_\_\_\_  
 For Office Use Only

**\* EMERGENCY INFORMATION SHEET \***

Date \_\_\_\_\_

Name Adam Scott Corbin

5451 Scholl RD Marcellona MI 49659  
 (Address) (City) (Zip)

Phone # 231-564-2662 Birthdate 11/14/1996 Age 19

Emergency Contact Person 231-587-5141 1 FATHER  
 (Relationship)

Phone # 231-587-5141 NA  
 (Home) (Business)

Emergency Contact Person Renee Mitchell 1 SISTER  
-4148 (Relationship)

Phone # 231-449-3807 NA  
-written in law (Home) (Business)

Family Doctor NA Phone# \_\_\_\_\_

Hospital Preference MUNSON

If you have any medical conditions listed below please check the appropriate spaces.

\_\_\_\_\_ Diabetes      \_\_\_\_\_ Seizures      \_\_\_\_\_ Skin Allergies

\_\_\_\_\_ Heart Problems      \_\_\_\_\_ Hearing Problem      \_\_\_\_\_ Food Allergies (Be specific) \_\_\_\_\_

\_\_\_\_\_ Asthma      \_\_\_\_\_ Vision Problem      \_\_\_\_\_

\_\_\_\_\_ Epilepsy      \_\_\_\_\_ Speech Problem      Other Allergies (Be specific) \_\_\_\_\_

\_\_\_\_\_ Back Problems      \_\_\_\_\_ Bee Sting Allergies      \_\_\_\_\_

Are you allergic to any medications?  Yes  No      Are you currently taking any medications?  Yes  No

If yes, please list \_\_\_\_\_      If yes, please list \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

\_\_\_\_\_

The information on this form is confidential and is collected only for the purpose of insuring the health and safety of each and every worker on the Work Experience Program.

Please keep this form at your worksite in case of an emergency

## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <i>Adam Scott Corbin</i>	
	Business name, if different from above	
	Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <i>5451 Schell Rd</i>	Requester's name and address (optional)
City, state, and ZIP code <i>Marcellona MI 49659</i>		
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.

Social security number <i>375 113 7599</i>
or
Employer identification number

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

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Adam S Corbin</i>	Date ▶ <i>6/10/11</i>
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### General Instructions

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

#### Purpose of Form

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

#### Definition of a U.S. person.

- For federal tax purposes, you are considered a U.S. person if you are:
- An individual who is a U.S. citizen or U.S. resident alien,
  - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
  - An estate (other than a foreign estate), or
  - A domestic trust (as defined in Regulations section 301.7701-7).

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

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,