

# EMPLOYEE INFORMATION FORM

Greenagers, Inc.

33 Rossetter Street, Great Barrington, MA 01230

www.greenagers.org

Hire Date:

Farm/Crew:

Name (first, last):

Residential Address (street, city, state, zip):

Mailing Address (PO Box, city, state, zip) (if different from residential):



Email Address:

Date of Birth:

FOR STUDENTS ONLY:

School:

Are you eligible for free or reduced lunch (circle one)? Yes No



# Form W-4 (2016)

**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 2016 expires February 15, 2017. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 40%; padding: 2px;">Last name</td> <td style="width: 30%; padding: 2px;">2 Your social security number</td> </tr> </table>		1 Your first name and middle initial	Last name	2 Your social security number		
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Home address (number and street or rural route)</td> <td style="width: 50%; padding: 2px;">3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</td> </tr> <tr> <td style="padding: 2px;">City or town, state, and ZIP code</td> <td style="padding: 2px;">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"/></td> </tr> </table>		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. <b>Note:</b> 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"/>	
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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.						
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶				
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.

<b>1</b>	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> ( <i>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</i> )						
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town	State	Zip Code
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number	E-mail Address			Telephone Number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>					

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 of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

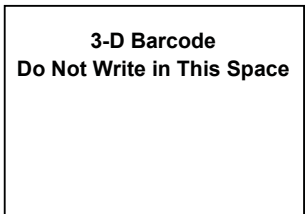
2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)



Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
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**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.

Signature of Preparer or Translator:			Date ( <i>mm/dd/yyyy</i> ):	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		
Address ( <i>Street Number and Name</i> )		City or Town	State	Zip Code



**Employer Completes Next Page**



## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

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

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

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

Greenagers, Inc.  
33 Rossetter Street  
Great Barrington, MA 01230  
413-644-9090 / office@greenagers.org

### Emergency Contact and Medical Information

M F  
Sex

Participant's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

### Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

### Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Dietary Needs/Restrictions

Parent's/Guardian's Signature

Date

**Be Advised: By signing this document you will waive certain legal rights, including the right to sue.**

**SECTION 1  
RELEASE OF ALL CLAIMS  
AND INDEMNIFICATION AGREEMENT**

**Agreement**

In consideration of the services of Greenagers, its agents, officers, volunteers, participants, employers, overseers, trustees, and shareholders and all other persons or entities acting in any capacity on Greenagers' behalf, including but not limited to the organizations, and/or sites that Greenagers serves, and any of their respective heirs, legal representatives, successors or assigns (hereinafter collectively referred to as "Greenagers"), I hereby agree to release, discharge, and indemnify Greenagers on behalf of myself, my children/wards, my heirs, assigns, personal representatives and estate as follows:

**ACKNOWLEDGMENT OF RISKS**

I have read the Greenagers brochure and all other information provided by Greenagers regarding the nature of its organization and nature of the programs it offers. I understand that Greenagers is a non-profit corporation, that its volunteers perform community service under adult leadership for or in conjunction with other non-profit organizations, and that its volunteers may also engage in various activities including but not limited to hiking, canoeing, biking, and swimming. I further understand that the services performed involve manual labor, involving physical activity which may be rigorous which includes the use of tools and equipment, that the activities may involve transportation for work or recreational activity purposes.

Understanding the foregoing, I recognize that there may be certain inherent risks, dangers, and hazards involved in serving as a volunteer with Greenagers. These risks may include, but are not limited to, the hazards of transportation, , the forces of nature, manual labor, accidents (including accidents that occur during transportation to, from, and within a Greenagers site),. I also understand that there are certain risks associated with outdoor labor and activities including but not limited to collision, contracting poison ivy or illness, getting wet, injured, exposed to the elements, and/or drowned;; may encounter domestic and wild animals and fish and birds. I realize that personal property may be lost or damaged; that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers and hazards and recommended precautions and procedures.

**ASSUMPTION OR RISK AND RESPONSIBILITY**

In recognition of the inherent risks of the activities that I or my child/ward will engage in, I confirm that I am or my child/ward is physically and mentally capable of participating in all Greenagers work and activities. I freely accept and assume all such risks, dangers, and hazards, and the possibility of personal and physical injury, accidents, death or property damage or any loss as result therefrom.

**RELEASE OF LIABILITY AND INDEMNIFICATION**

In consideration of services or property provided by Greenagers and my right or the right of my child/ward to participate as a volunteer for Greenagers and recognizing the benefits derived from such participation, I, for myself and/or child for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby **ASSUME ALL SUCH RISKS** and do hereby **RELEASE AND HOLD HARMLESS** Greenagers and each and every landowner, municipal and/or government agency, and conservation trust upon whose property an activity is conducted, from any and all claims for damages to person or property, arising out of any injury, death, or loss of any kind which might arise as a result of my participation or the participation of my child/ward as a volunteer. I further agree not to commence any legal action in any court or before any administrative agency as a result of any such damage or loss.

I have carefully evaluated my or my child/ward's physical, intellectual and emotional capabilities and my willingness to permit myself or my child/ward to participate as a volunteer is based upon my judgment that [I] [he/she] is fully capable of meeting and dealing with all the physical and mental challenges entailed in such participation. I understand that Greenagers reserves the right in its absolute and sole discretion to send me or my child/ward home if, in its judgment, my or my child/ward's behavior or physical, intellectual and emotional capabilities run counter to the interests of Greenagers or its constituents.

I agree that I shall at all times (a) **INDEMNIFY AND SAVE HARMLESS** Greenagers on account of, from and against any and all claims, actions, losses, costs, expenses, injuries and damages arising from, arising out of, connected to, caused or based in whole or in part, upon any acts or omissions by me or my child/ward, including but not limited to injuries caused by my or my child/ward's negligence or willful and intentional acts while participating as a volunteer, and (b) pay for, without expense to Greenagers, the defense of any such claims or actions. If Greenagers shall elect to assume the defense of such claim or action, I shall be responsible for Greenagers' reasonable legal fees incurred in connection with such defense. The allocations of liability represent the agreed understanding of the parties.

I have read this agreement carefully and fully understand all of its contents and legal effect, and I have signed it voluntarily and of my own free will. I further intend that this Agreement be deemed contractual in nature and that it be binding upon my heirs, legal representatives, and assigns. I intend that it be considered a sealed instrument and construed as liberally as possible under the laws of Massachusetts, and that if any portion is held to be invalid, the balance of this Agreement shall continue, notwithstanding, to be given full force and effect.

## **SECTION II PUBLICATION RELEASE**

In consideration of my child's or ward's involvement with Greenagers, I hereby give Greenagers, its agents and employees, successors and assigns the right to include my child/ward and/or me in any moving picture film, video recording, still photograph, and/or audio recording which it may create, or have created, of me and/or my child/ward's participation in any program or activity connected with her/her activities as volunteer for Greenagers.

I further consent to any use, re-use, publication, or re-publication, in whole or in part, individually or in conjunction with any other moving picture film, video/digital recording, still photograph or audio recording, of any such visual or audio records or representations in any medium, including publication and dissemination over the Internet and World Wide Web, including, but not limited to, illustration, promotion or advertising.

I agree that Greenagers, its successors and assigns shall have the right to copyright any such moving picture, video/digital recording, still photograph, or audio recording, and to assign such copyright at its sole discretion.

I further agree that the foregoing release shall include the right of Greenagers to use on its website or in its promotional and advertising publications in any medium my child's name or any written statement made by me and/or my child/ward concerning his or her experience with Greenagers.

I hereby release and discharge Greenagers, its agents and employees, successors and assigns from any all claims for libel which my child/ward and/or I might have as the result of the creation or use of any moving picture, film video recording, still photograph or audio recording.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I RELEASE GREENAGERS FROM ANY LIABILITY OR RESPONSIBILITY AND HAVE WAIVED MY RIGHTS TO MAINTAIN A LAWSUIT AGAINST GREENAGERS ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED GREENAGERS HEREIN. AS A CONDITION OF MY OR MY CHILD/WARD'S PARTICIPATION IN THE GREENAGERS PROGRAM, I AGREE THIS AGREEMENT AND ALL DISPUTES BETWEEN THE PARTIES SHALL BE GOVERNED BY, SUBJECT TO, AND CONSTRUED ACCORDING TO



THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS. THE PARTIES AGREE THAT THE MASSACHUSETTS COURTS SHALL HAVE EXCLUSIVE JURISDICTION TO RESOLVE ANY DISPUTES BETWEEN THE PARTIES OR ARISING OUT OF THIS AGREEMENT.

RELEASE OF ALL CLAIMS SECTION I AND SECTION II

DATE: \_\_\_\_\_

NAME OF GREENAGERS PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

*(if over 18 years of age)*

If the Participant is under the age of 18, at the date of signing, the Release MUST BE SIGNED by at least one parent or guardian.

I, parent or guardian of the above named participant, hereby give my permission for my child or ward to participate as a volunteer for Greenagers and also agree, individually and on behalf of my child or ward, to be bound by all the terms of this Agreement.

DATED: \_\_\_\_\_

I have sole legal custody of this participant.

\_\_\_\_\_  
Signature of Parent/Guardian

Address: \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Address: \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS FORM TO:** Greenagers, 33 Rosseter Street, Great Barrington, MA 01230

Telephone: 413-644-9090

Email: [office@greenagers.org](mailto:office@greenagers.org)

Web: [www.greenagers.org](http://www.greenagers.org)