



Taos Pueblo Education & Training Division

P.O. Box 1846 Taos, NM 87571
Phone: 575-758-5990 | Fax: 575-737-5140

Youth Work Experience Application

For applicants between the ages of 14 -24.

Required Documents:

- **Application**
- **Proof of Residency**
Examples of documentation include:
 - Utility Bill (Gas, Phone, Water, or Electricity) or
 - Verification from Taos Pueblo Realty Office or
 - Notarized Statement
- **Parent Identification:**
 - Tribal Enrollment ID/Picture ID/Driver's License
- **Youth Identification:**
 - Tribal Enrollment ID or Certificate of Indian Blood (CIB)
 - Birth certificate or Social Security Card
- **Other Required Documents:**
 - W9
 - Goal Statement: Why do you want to be part of summer Youth Work Experience?
 - Signed release of information and liability forms
 - Department of Labor Work Permit (required for 14 & 15-year-olds)
 - Verification of Selective Service (Males 18+ years old)



Taos Pueblo Education & Training Division Red Willow Education Center

Taos Pueblo's Education & Training Division provides various education, employment, and training programs and services to tribal members in Taos County. Please fill out the below information to become a client and depending on your needs further paperwork and documentation will be needed.

Applicant Information

| | | | |
|-------------------------|--|--------------------------------------|------------------|
| Name (First, MI, Last): | | | |
| Date of Birth: | | Social Security #: | |
| E-mail Address: | | | Male Female |
| Phone #: | | Selective Service #: (if applicable) | |

Mailing Address:

P.O. Box/Street City State Zip Code

Physical Address:

Street Number and Name City State Zip Code

| | | | |
|---|--|---|--|
| Tribe: | | Tribal Enrollment Number: | |
| Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Applicant Barriers: <i>Check all that apply</i> <input type="checkbox"/> Transportation <input type="checkbox"/> Childcare <input type="checkbox"/> Work experience <input type="checkbox"/> Resources <input type="checkbox"/> Access to office equipment <input type="checkbox"/> Access to technology <input type="checkbox"/> Education Level <input type="checkbox"/> School or work materials <input type="checkbox"/> Unemployed/underemployed <input type="checkbox"/> Other (please explain): _____ _____ | |
| Case Notes: | | | |

Applicant Signature

Date



Taos Pueblo Education & Training Division

Red Willow Education Center

Work Experience is for applicants who are unemployed and require additional experience and skills. Apprenticeships are project based and developed by both the applicant and the entity. Internships are for students who are interested in gaining knowledge, skills, and work experience in a field of their interest.

On the job training

Apprenticeship

Internship

Education History

Please list all High Schools or High School Equivalency programs attended:

| Name of High School | City and State | Dates of Attendance | Degree Earned and GPA |
|---------------------|----------------|---------------------|-----------------------|
| | | | |
| | | | |

Please list all Colleges/Universities or trade schools attended:

| Name of College/University/Trade | City and State | Dates of Attendance | Degree Earned and GPA |
|----------------------------------|----------------|---------------------|-----------------------|
| | | | |
| | | | |

Employment and Training History

Please list 3 most recent employers or volunteer experience:

| Employer Name | Position | Dates employed |
|---------------|----------|----------------|
| | | |
| | | |
| | | |

Please provide two references:

| Name | Phone Number | Years Known |
|------|--------------|-------------|
| | | |
| | | |

Describe any skills/knowledge you have acquired related to technology and software, tools, machinery, equipment, etc.:

Interests and Goals

Please list your interests including what you like to do with your free time, your favorite academic subjects, and what career paths you are interested in: _____

List three things (skills, knowledge, etc.) you hope to gain from this experience: _____

How do you think this experience will help you with future employment? _____

Applicant Emergency Information

Emergency Contact Name: _____ Phone #: _____

Relationship: _____

Please list all known allergies: _____

Do you carry an EpiPen? Yes No

Please list any medical conditions we should know about: _____

Please list any medications you might need to take while on site: _____

Insurance Carrier: _____ Policy #: _____

Policy Holder: _____ Physician Name: _____

If you are under 18 please fill out this section

Parent 1 Name: _____ Phone #: _____

Parent 2 Name: _____ Phone #: _____

I certify that the answers given herein are true and accurate and understand that any false or misleading information given in my application shall be sufficient cause for dismissal. I further understand that I am required to abide by all policies, rules, and regulations of the Taos Pueblo Education and Training Division and Taos Pueblo CMS.

Signature of Applicant

Date

Parent Signature if applicant is under 18

Date

Release of Information

I hereby authorize the Taos Pueblo Education & Training Division to release information for the purpose of health and safety for participation in the program and services provided by Taos Pueblo Education & Training Division. Any further release of records to any other person, group, corporation or other entity of any kind or nature is prohibited without further written consent of the student or parent/legal guardian. I understand that I may revoke this consent by written notice at any time. This authorization is valid for 1 year.

Participant Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Release of Liability

This Waiver of Liability executed on this ____ day of _____, 2021, between Taos Pueblo and _____ (the "participant") establishes the following:

I, the participant, hereby freely and voluntarily, without duress, assume all risks of participating and/or volunteering in this program, activity, or event. I also understand that the scope of my relationship with Taos Pueblo is limited to a program participant and that no compensation is expected in return for services provided, and that Taos Pueblo will not provide any benefits traditionally associated with employment, and that the participant is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of participants services to Taos Pueblo.

1. Waiver and Release: I, the participant, release and forever discharge and hold harmless Taos Pueblo and/or their directors, officers, employees, volunteers, representatives, and agents from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft or actions of any kind which arise or may hereafter arise from the services I provide to Taos Pueblo or occurring while I am a participant. I understand that while participating in this program, activity, or event I may be photographed. I agree to allow my photo, video, or other digital media to be used for legitimate purposes by Taos Pueblo and waive all claims to compensation or damages by use of my photo, video, or other digital media.

2. Insurance: I further understand that Taos Pueblo does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Taos Pueblo beyond what may be offered freely by Taos Pueblo in the event of such injury or medical expenses incurred by me.

3. Medical Treatment: I hereby release and forever discharge Taos Pueblo from any claim whatsoever which arise or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a participant with Taos Pueblo.

4. Assumption of Risk: As a participant with Taos Pueblo, I recognize the risk and acknowledge that there are certain risks of physical injury, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program, or the use of the facilities or equipment. I certify that I am physically fit and there are no health-related reasons or problems that will interfere with my ability to participate in this program, activity, or event.

5. Indemnify: I further agree to indemnify and hold harmless Taos Pueblo and its agents, employees, other volunteers, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated the activities of the program or the use of facilities or equipment.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT AND INTEND TO ENTER INTO THIS RELEASE AND WAIVER OF LIABILITY WILLING AND VOLUNTARILY.

Participant Name (print): _____

Participant Signature: _____

For youth participants under 18 years old

I, the parent or legal guardian of the above participant has consented to my child's participation in the activity or event, and has agreed individually and on behalf of my child to the terms of the release of liability form set forth above. I, the parent or legal guardian further agrees to indemnify and hold harmless all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act.

Parent or legal Guardian Name (print): _____

Parent or Legal Guardian Signature: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | | |
|--|---|--|--|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | |
| | 2 Business name/disregarded entity name, if different from above | | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | | 4 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| | <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) ▶ _____ Note: 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 not 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. | | |
| | <input type="checkbox"/> Other (see instructions) ▶ _____ | | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requester's name and address (optional) |
| 6 City, state, and ZIP code | | | |
| 7 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.

| | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| 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. 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.

Sign Here

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.

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.