

TOWNSHIP OF CHESTERFIELD

County of Burlington

300 Bordentown-Chesterfield Road Chesterfield, New Jersey 08515

Phone: 609-298-2311
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www.chesterfieldtwp.com

Jeremy I. Liedtka, Mayor
Alexander M. Robotin, Deputy Mayor
Ronald Kolczynski, Committeeman
Richard LoCascio, Committeeman
Samuel Davis, Committeeman

CTAASA Mentoring Program Counselor

Thank you for your interest in working for the Township of Chesterfield at the Chesterfield Township Alliance Against Substance Abuse Mentoring Program.

The position of Counselor for the Chesterfield Township Mentoring Program is for a four-week program funded with grant monies. This offer is for a temporary, seasonal position that only extends for the 4 week period of the program. Completion of the program will complete our terms of employment.

In order to begin your employment you must submit ALL of the following documentation. The documentation needed is as follows:

2017 W-4
I-9
Copy of Birth Certificate and Social Security Card
Working Papers (if under age 18)
This letter signed and dated by the applicant


All documentation MUST be submitted to the Township of Chesterfield in full. No partial submissions will be accepted. The complete package may be dropped off at the Township between the hours of 9am to 4pm. It may also be mailed to Township of Chesterfield, 300 Bordentown-Chesterfield Rd, Chesterfield, N.J. 08515. If all documentation is not received in one submission, you will not be considered for employment.

You will be notified by the CTAASA of your schedule of work. There will be no commitment of work until all paperwork is reviewed by the Township.

If you have any questions or are in need of any additional information, please do not hesitate to contact me at (609)298-2311 or at wendy@chesterfieldtwp.com.

Thank you.

Very Truly Yours,


Wendy A. Wulstein
CFO, CTC, QPA

I accept the terms of the position as stated in the above letter.

Employee Signature

Printed Name

Date

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. 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.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • 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 	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2017
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 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"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
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.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
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) _____		

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

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

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.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____	Date (month/day/year) _____
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A300 Combined Certification Form

Date(s) of previously issued certificates (if applicable): _____

Cooperative Education Experience (CEE) - Hazardous Occupation CEE - Non-Hazardous Occupation Paid Structured Learning Experience

A. Minor's Personal Information					
First Name _____ M.I. _____ Last Name _____		Social Security No. _____			
Street Address (Line 1) _____		Floor/Apt. No. (Line 2) _____		Date of Birth _____	Age _____ City of Birth _____
City _____		State _____	Zip Code _____	County of Birth _____	State/Country of Birth _____
Telephone No. _____		Cell/Alternate No. _____		<input type="checkbox"/> Male Height _____ Hair Color _____	<input type="checkbox"/> Female Weight _____ Eye Color _____
Parent/Guardian First Name _____		Parent/Guardian Last Name _____		Distinguishing Facial Marks (if applicable) _____	
Parent/Guardian Address (if different than minor's address) _____		Floor/Apt. No. (Line 2) _____		I hereby authorize the employment of my child as specified below under Employment Information.	
City _____		State _____	Zip Code _____		
Parent/Guardian Telephone No. _____		Alternate Telephone No. _____			
Signature of Parent/Guardian _____		Date _____			
B. Employment Information					
Employer Business Name CTASA Chesterfield Against Substance Abuse			Type of Business/Industry Summer Mentoring Program		
Street Address (where minor will be employed) 300 Bordentown-Chesterfield Rd.			Minor's Job Title (Be specific) Jr. Counselor		
City Chesterfield			State NJ	Zip Code 08515	Is liquor sold on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Contact Person Name Wendy Wustein			If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone No. (609) 298-2377			If No, describe what areas of the premises are licensed, including any outside grounds: _____		
Minor's Hours of Work (Provide daily hours and/or start and end times)			Promise of Employment: I have offered employment to the above named minor for the hours stated. I understand that these hours may be flexible but may not exceed the number of hours permitted by law according to the age of the minor.		
Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____	Sat _____
Total Hours for Week: 10				Signature of Employer _____ Date _____	
Wages: Per Hour _____		Weekly _____			
C. Physician's Certification (to be completed by licensed physician):					
I hereby certify that I have examined the above named minor on _____ and I designate the minor's physical qualifications regarding the above promise of employment as: _____ (Date)					
<input type="checkbox"/> Physically Qualified <input type="checkbox"/> Physically Qualified with the following limitations _____					
Signature of Doctor _____		Date _____		Address _____	
D. Proof of Age (for Issuing Officer):					
I have examined the proof of age submitted by the above named minor which was in the form of (select one):					
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other documentary proof in existence for at least one year (specify): _____					
<input type="checkbox"/> Affidavit of Parent/Guardian together with 1) physician's statement of opinion as to age of minor, and 2) school record of age and the above date of birth					
E. School Record (to be completed by school that the minor attends)			F. Issuing Officer Certification		
School District _____		County _____	School District _____		County _____
Name of School _____			School District Address _____		
School Address _____			Telephone No. _____		
Last Grade Completed _____			<input type="checkbox"/> Regular Employment Certificate		
The above named minor attends school in this district and has completed the work of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school.			<input type="checkbox"/> Vacation Employment Certificate (summer & other school vacations)		
			<input type="checkbox"/> Age Certificate (issued to persons 18 to 21 years of age) Age: _____		
Signature of Principal _____			Signature of Minor _____		
Date _____			Date _____		
Signature of Issuing Officer _____			Date of Issue _____		Certificate No. _____

2017 CTAASA Jr. Counselor & Volunteer Contract

- Set a good example with dress, speech, and action
 - Dress appropriately (you will be sent home without pay, if you are not consistently dressing appropriately.)
 - Must wear sneakers
 - No short shorts (fingertip length) or Spaghetti Strap tank tops
 - No foul language
 - Be a good role model
- Be responsible for assisting different activities
- Be responsible and ensure students are provided guidance towards a fun and safe week(s)
- Ensure that all students are properly supervised at all times
- Never punish a student...let an adult know if something happens
- See that all students are involved in the activities. Make sure no one is excluded
- Be on time (Let Mrs. L know if there is a conflict)
- Supervise clean up and assist when necessary
- If any problem occur, let an adult know right away
- Put students ahead of your own enjoyment for the duration of the program. First priority is their safety. Second priority is to ensure they are having fun.
- No cell phone use during program hours, unless it is an emergency.
- Will help teach/conduct lessons on healthy habits, peer pressure, saying "No", etc.

By signing below, I acknowledge that I have read and agree to abide by the above responsibilities. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I do not conduct myself in an adult manner and will not be allowed to return to work for the duration of the week(s) I am assigned to work, which means I will not get paid for the hours I did not work.

Counselor Signature _____ Parents Signature _____

Return all forms, at one time, to the Township Building by June 2

NEW TOWNSHIP RULE: All new counselors must volunteer a year before getting paid. If you already worked or volunteered, then this does not apply to you.

Name _____ Junior Counselor or Volunteer

Phone number _____ Grade currently in _____

Age (as of July, 2016) _____

T-Shirt Size: (CIRCLE ONE) youth: S M L adult: S M L XL

Email address: _____

What age group would you prefer to work with (not guaranteed)? K&1 ___ 2 ___ 3 ___ 4 ___ 5/6 ___

*Weeks you are available to work (check all that apply)

July 11-13 _____ July 18-20 _____ July 25-27 _____ Aug. 1-3 _____

(You are not guaranteed all the weeks that are checked above. The weeks will be split up evenly to ensure everyone who wants to work gets some time.)

I acknowledge that I have read and agree to abide by the contracts responsibilities. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I do not conduct myself in an adult manner and will not be allowed to return to work for the duration of the week(s) I am assigned to work, which means I will not get paid for the hours I did not work.

Signature: _____

____ Yes, my child is allowed to attend the field trips.

____ No, my child is not allowed to attend the field trips.

Parent Name _____

Contact number during program hours: _____

Parent Signature _____

C.T.A.A.S.A Mentoring Summer Program
2017 Trip Schedule

Brief descriptions of the trips we have planned this season at CTASA Summer Mentoring Program are listed below. By registering your child, you are accepting the policies for participation in our trips and granting permission for our child to attend any trip sponsored by CTAASA. Buses will transport children to and from each trip (parents may drive kids to facilities). Buses will leave CES around 9:10 and **return to CES around 1:00**. Please make sure your child arrives at camp during trip days promptly at 9:00. The bus will not wait for late arrivals. **Parents are welcome to come on the trips, but will have to provide their own transportation (if buses are full) and pay their own way if a fee applies.** If your child has a food allergy please contact the trip facility if you have any questions about food ingredients. Please send an alternative lunch, if your child cannot eat what is provided. **A nurse will be on all trips and updated with all medical information.** Please make sure the school nurses have updated prescriptions from doctors.

Circle the weeks/trips you selected and **keep this document for your records.**

Week 1: Thursday July 11 (9:00-1:00)

Freedom Fest State Fair, Allentown

Pack a lunch

The 2017 State Fair promises to be spectacular with exhibits, amusement rides, food vendors, picnic grounds, games of chance, live entertainment, plus...Live agricultural exhibits and demonstrations. Please pack a bagged lunch.

Week 2: Thursday, July 13 (9:00-1:00)

FunPlex, Mt. Laurel

Pack a lunch

Unlimited Inside and Outside Attractions plus Bowling (excludes water attractions and arcades
Snack bar will be available. If you would like your child to purchase tokens for arcade games or a snack at the snack bar, please send additional cash the day of the trip. It will be your child's responsibility to hold onto the extra money. Pack a lunch.

Week 3: Thursday, July 27 (9:00-1:00)

2-6th Grade: Coco Keys Water Resort, Mt. Laurel

Camper must know how to swim to go on this trip

Pizza and drink will be provided

K&1 Grade: Chuck E Cheese, Princeton

Pizza and drink will be provided

Week 4: Thursday, Aug. 3 (9:00-1:00)

Hamilton, AMC

Snack Pack Included

Despicable 3 (subject to change)

*Please sign up for "**Remind,**" to receive payment confirmation and other notices involving the summer program. You can also directly message me with any questions using this service.

Text the message **@ctasa** to **81010**.

If you're having trouble with 81010 try texting **@ctasa** to 856-872-2618.



Sign up for important updates from Mrs. Lawrence.

Get information for Chesterfield Elementary School right on your phone—not on handouts.

Pick a way to receive messages for **CTASA Summer Mentoring Program**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/ctasa

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message @ctasa to the number 81010.

If you're having trouble with 81010, try texting @ctasa to (856) 872-2618.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/ctasa on a desktop computer to sign up for email notifications.