



TOWN OF GREENBURGH
Department of Community Resources
THEODORE D. YOUNG COMMUNITY CENTER
32 Manhattan Avenue ~ White Plains, New York 10607-1329
(914) 989-3600 (914) 682-2798 Fax
www.greenburghny.com
tdycc@greenburghny.com



OPERATION CROSSROADS

Operation Crossroads was created to offer a constructive summer program for youth who were too young to work and too old for camp. This program was designed for youth at least 14 years of age, who are standing at the “*Crossroads*” of life, moving from childhood to adulthood. To gain the necessary skills to be ready for the world of work, Operation Crossroads consists of three (3) components:

1. *Exposure and Practice with Work Readiness Concepts*
2. *Practice Transitioning from Recreational to Work*
3. *Practical Work Experience*

Operation Crossroads operates under the supervision of trained youth development professionals who work with the participants for a period of five (5) to six (6) weeks. Participants are assigned to a work site two days each week where they work under the supervision of experienced, professional personnel. Two other days of each week are spent in a classroom setting. Basic job readiness skills including applying for a job, preparing a resume and interviewing skills are covered. Fridays will typically be used as an additional classroom day or field trip. In addition, guest speakers are invited into the classroom to share information about ways to reach educational, vocational and professional goals.

Participants of Operation Crossroads are required to be fully involved, exhibit good behavior, enthusiasm, and a willingness to learn. Furthermore, *they are required to attend the program on a daily basis and show sufficient progress*. Both their internship supervisors and the Operation Crossroads staff will formally evaluate them. Upon completion of Operation Crossroads, students will receive a performance-based stipend. However, this stipend is only a small part of their reward. The goal of this program is to offer an enriching experience; one that helps them to develop a sense of responsibility, a positive attitude towards work, respect for themselves and their community and a greater awareness of the opportunities available to them.

Please print out and complete the following application. Turn in your completed application to the TDYCC/DCR front desk ***Attn. Donel Dinkins***. If you have any questions please email Mr. Dinkins at ddinkins@greenburghny.com, or call him directly at (914) 989-3619.

TDYCC, The CORNERSTONE of Greenburgh



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OPERATION CROSSROADS APPLICATION

(Participant Information Sheet)

(Please print clearly)

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: ____/____/____

SOCIAL SECURITY #: ____-____-____ GENDER: MALE _____ FEMALE _____

ETHNICITY: WHITE: _____ BLACK: _____ LATINO: _____ OTHER _____

PHONE # () _____-____ POSITION OF INTEREST: _____

SCHOOL ATTENDING: _____ GRADE ENTERING (Fall): _____

WORK EXPERIENCE: _____

VOLUNTEER EXPEREINCE: _____

 Applicant's Signature

 Parent/Guardian Signature

 Date



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Parent/Guardian Information Sheet

(Please print clearly)

PARENT/GUARDIAN NAME: _____

CELL PHONE: _____ PHONE # 2: _____

EMAIL: _____ EMAIL #2: _____

Do we have permission to text your cell phone? Yes No

Emergency Contact Information

CONTACT NAME: _____

CELL PHONE: _____ PHONE # 2: _____

EMAIL: _____ EMAIL #2: _____

Do we have permission to text the Emergency Contact's cell phone? Yes No

CONTACT NAME: _____

CELL PHONE: _____ PHONE # 2: _____

EMAIL: _____ EMAIL #2: _____

Do we have permission to text the Emergency Contact's cell phone? Yes No

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Medical Release Form

I hereby give permission to the Operation Crossroads personnel to obtain, in my absence, emergency medical treatment for _____ while in the care of Operation Crossroads personnel.

I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injury, damage, or loss, which my child or I may sustain as a result of such participation.

I agree to waive and relinquish all claims and hold harmless the Town of Greenburgh, the Department of Community Resources, their co-sponsors, volunteers and employees from any and all claims that may arise as a result of my child's participation in the program.

Name of Crossroads participant _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____



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DOCUMENT CHECKLIST

Student Name _____

- _____ Original Working Paper Card
- _____ First Form of ID (birth certificate, school photo id, social security card, passport)**
- _____ Second Form of ID (birth certificate, school photo id, social security card, passport)**
- _____ Copy of Immunization Record
- _____ Emergency Contact Record
- _____ Medical Release Form
- _____ ****Completed W-9 (Separate from this application on website)****

Please submit all documents by *Friday, June 4, 2021*. The submission of these documents is critical as it pertains to your child's participation in this program and stipend processing. Please do not delay!

**** PLEASE DO NOT send original birth certificates, social security cards, passport, etc. Please make copies of all documents to be submitted. Additionally, please note we must hold the original working paper card for the duration of the program.**



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OPERATION CROSSROADS PERSONAL STATEMENT

Please submit a typed 250-word essay *describing yourself, what you know about Operation Crossroads, and how you believe the program can benefit you.* You may wish to include your hobbies, future goals and achievements. Be sure to check for grammatical errors, as they will be taken into account during the interview process. The Personal Statement may be attached.



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PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWER COMMENTS:

INTERVIEWER DATE: ___/___/___

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

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 ▶
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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.