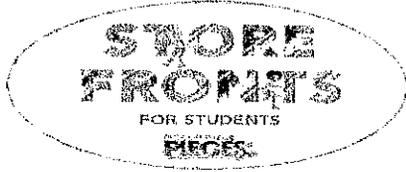


Welcome to **Pick Up the Pieces**,

We are so excited that YOU have decided to be apart of this amazing program. Every Day will be a new adventure. We will be giving you skills that will provide you with the opportunity to pick up the pieces to complete the puzzle of life. Our life skills program is empowering you with significant skills to enter into college, the world of entrepreneurship, and the workforce. **Pick Up the Pieces** will be introducing you to our business partners as a part of our STORE FRONTS FOR STUDENTS initiative. We know that you have the full capacity to be successful when provided with the appropriate level of training and support. We look forward to working with YOU. **LET'S GO, PICK UP THE PIECES!**

Sincerely,
Pick Up The Pieces
2033 11th Street N.W.
Washington, DC 20009
(240) 712-1468

PICK UP THE PIECES



SUMMER 2018	
Application Date (month/day/year)	Official Use Only
Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Received Date:
T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Received By:
	Reviewed:
	Enrolled Date:

Section I - Student to be enrolled

Page 1 of _____

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ____ Male ____ Female	High School	
Demographic Information for Student			
Race	Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other::	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Note: If child lives with mother and father, they should be listed as the primary and secondary parent/guardian on this application. Otherwise, put responsible adult living with child.

Section II - Primary Parent/Guardian (lives with student)

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ____ Male ____ Female		
Contact Information for Primary Parent/Guardian			
Living Address (1 or 2 lines for number, street and apartment)		Mailing Address (only if different than Living Address)	
City, State, Zip		City, State, Zip	
Home Phone - -	Work Phone - -	Mobile Phone - -	Email Address
Highest Grade Completed		Employment Status	Student Relationship
<input type="checkbox"/> GED <input type="checkbox"/> HS <input type="checkbox"/> Associate's	<input type="checkbox"/> Bachelor's Graduate <input type="checkbox"/> Master's	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other
Demographic Information for Primary Parent/Guardian			
Race	Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Parent/Guardian Signature _____

Date _____



RELEASE OF LIABILITY

By my signature below, I understand and agree as follows:

- I voluntarily assume any and all risks relating to the Students participation as a Student Participant in the Program.
- I, my heirs, assigns and representatives hereby release, waive, discharge, hold harmless, defend and indemnify Pick Up the Pieces, Storefronts for Students and/or the Program, their officers, agents, volunteers, and employees from any and all liability, claims, demands, damages, fees or expenses, or actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Student Participant as a result of the Student's participation in the Program.
- The Program cannot be expected to control all of the risks associated with this Program and that there may be the need for a response to accidents and potential emergencies. Therefore, I give my consent for any medical treatment that may be required as determined by a medical professional during the Student as a participant in the Program, with the understanding that I will be financially responsible for all costs of treatment.
- I have read this Consent and Waiver and Release of Liability form, understand it and sign it voluntarily.

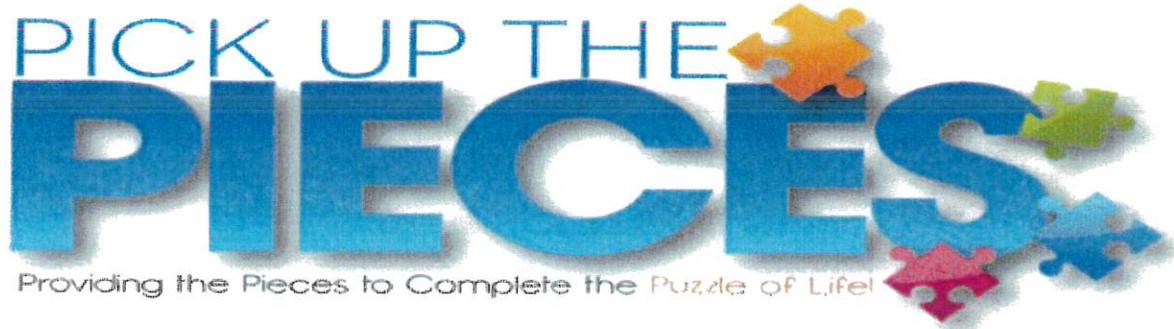
Student Participant

(Print): _____ DOB: _____ Date: _____

Signature of Student Participant _____ Date: _____

Signature of Parent/Guardian Please list any special services the Student Participant may require

Please contact Kevin Hart, Sr. at (240)712-1468 - if you have any questions regarding this opportunity or this form. Thank you!



Publication Release

By signing this release form, I (print name) _____ authorize, Pick Up The Pieces to use the following information:

- (1) My picture – including photographic, motion picture, and electronic (video) images.
- (2) My voice – including sound, and video recordings.

I hereby grant Pick Up The Pieces, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Pick Up The Pieces all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Pick Up The Pieces the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

I have executed this release on this _____ day of _____, _____.

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.

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.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

C Corporation

S Corporation

Partnership

Trust/estate

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.

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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:

- 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); and
- 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.

PICK UP THE PIECES

Providing the Pieces to Complete the Puzzle of Life!

Attendance

All participants are expected to be present and on time five days a week. All absences must be approved prior to the day of. If you are sick you are to call, or bring a letter from the doctor upon your return to the program. If you miss three or more days without prior approval, you forfeit your pay for that week.

Code of Conduct

The following are grounds from immediate termination from the program:

- *Fighting
- *Using, distributing, or possessing illegal substances
- *Theft
- *Threatening

Dress Code Policy

All participants are to look business casual while attending the program.

You will be provided with 2 program shirts. You are to wear your shirt to the program. All pants, skirts, and shorts are to be knee and/or ankle length. Shoes are to be durable, and easy to walk in. On Store Fronts for Students outings you are required to wear closed toe shoes, for safety.

I have read and understand the Attendance, Code of Conduct, and Dress Code Policies.

Signature: _____

Date: _____