



# Educate Advocate Advance

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May 22, 2024

Dear Applicant,

Enclosed in this packet you will find the following documents:

- Intent to Employ Letter
- Employment Application Form
- W-9
- Program Waiver
- Field Trip and Medical Authorization Form
- Photo Release Form

To process your application, return these documents by the close of business on Friday, June 7, 2024. Please send the required documents as a single PDF file. The name of your file and the subject line should read your first and last name, EJ Freedom School. Email the file to Michael Moriarty at [michaelmoriarty@ctuf.org](mailto:michaelmoriarty@ctuf.org) or fax to 312-329-6205.

Parents/Guardians for students under the age of 16 require a minor work permit from the Illinois Board of Education. [Directions are attached.](#) Please reach out for any assistance.

If you have any questions, please email or call at 312-329-6275.

Sincerely,

Michael P. Moriarty, NBCT  
Career Pathways Coordinator  
E: [michaelmoriarty@ctuf.org](mailto:michaelmoriarty@ctuf.org) | P: 312-329-6275



# Educate Advocate Advance

May 22, 2024

Dear Parent/Guardian,

This letter is a statement of intent, written to comply with Illinois Child Labor Law 820 ILCS 205/12 in order to secure the employment certificate required for children under the age of 16.

The Chicago Teachers Union intends to employ \_\_\_\_\_ a minor, as a paid employee for the Environmental Justice Freedom School (EJFS). The EJFS Project will begin on June 17, 2024 and ends June 28, 2024. Participants will work from 9:00am to 4:00pm with a 1 hour lunch break.

Duties will include:

1. Students will complete Asset Mapping their communities and schools to develop a baseline assessment for outreach and organizing.
2. Students will attend 2 field trips Southeast and Southwest sides, meeting with community organization representatives.
3. Staff will teach students to develop organizing and communication skills and tools to be used when approaching peers, staff, and community members in person, via phone and on social media platforms.

We will need the following information to secure the necessary permit allowing your child/ward to participate in the program:

- Proof of Age (e.g., birth certificate, passport, insurance policy)
- Original Social Security Card
- Valid State ID/Driver's License of parent/guardian
- Parent/Guardian Approval Statement: A signed written statement from parent/guardian approving the child/ward's employment
- Medical Statement: A signed physician's statement on the institution's letterhead or stamp indicating based on an examination performed within one year of the date or work permit application that the child/ward is physically fit to be employed.

All documentation must be submitted prior to the start date.

If you have any questions, please contact Michael Moriarty.

Regards,

Michael P. Moriarty, NBCT  
Career Pathways Coordinator  
E: [michaelmoriarty@ctuf.org](mailto:michaelmoriarty@ctuf.org) | P: 312-329-6275

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CHICAGO  
TEACHERS  
UNION



## Employ Minor (under 16 years of age) Application Form

### Student Information

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Social Security #: \_\_\_\_\_

### School Information

Name of School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Parent(s): I have read the statement from the employer below and give my child permission to work in this establishment.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYER: (Please fill in the following information or submit a letter on company letterhead including the same information. Including date of employment)

***I agree to employ the above named student.***

Is liquor served? No

Summer work only? Yes

Employer Name: Chicago Teachers Union Foundation

Address: 1901 W. Carroll Avenue, Chicago, Illinois 60612

Position: \_\_\_\_\_

Student will not more than eight (8) hours on days when school is NOT in session.

Employer's Name (Print): Charise Bennett

Signature of Employer: \_\_\_\_\_ Phone #: 312-329-6272

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**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.

<b>Sign Here</b>	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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## PROGRAM WAIVER/EMERGENCY INFORMATION

I acknowledge and assume all risks associated with Freedom School Environmental Justice project including, without limitation, falls, animal bites, food poisoning, effects of weather, including heat and humidity, traffic, road and ground conditions. **I have read and fully understand this waiver and in consideration of the acceptance of my assignment, for myself and anyone legally acting on my behalf, I waive and release the Chicago Teachers Union (CTU) and the Chicago Teachers Union Foundation, Inc. (CTUF), its employees, directors, officers, volunteers, agents, successors and assigns, from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever, arising from my participation in this event.**

Emergency Contact Name/Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP/BUS PERMISSION SLIP  
AND  
FIELD TRIP MEDICAL AUTHORIZATION FORM**

The undersigned, as a natural parent(s) or statutory guardian(s), I give my permission for \_\_\_\_\_ to participate in the scheduled educational field trip to \_\_\_\_\_ on (date) \_\_\_\_\_ and travel by school bus transportation, or other school transportation, which will be furnished by the Chicago Teachers Union unless otherwise stated. I understand that while my child/ward travels from the site, while my child/ward is on the field trip, and while my child/ward is being returned to the site following the field trip, my child/ward is under the authority of the administrators while traveling.

Child/Ward (please print): \_\_\_\_\_  
Parent or Guardian (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**MEDICAL RELEASE FORM**

In the event of an emergency during a field trip, I give my permission for \_\_\_\_\_ to be treated at a hospital/clinic/doctor's office.

The physician is: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Emergency Phone #1: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Emergency Phone #2: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Medical information of importance: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Medication taken daily : \_\_\_\_\_

\*\*Dietary Restrictions: \_\_\_\_\_



## Photo Release Form

The Environmental Justice Freedom School Project will take photographs of participants engaging in the various activities. Some photographs may capture your child/ward's participation, directly or indirectly.

These photos may be published through our website, social media pages and news bulletins.

We seek your consent in allowing the Chicago Teachers Union and the Chicago Teachers Union Foundation to publish photos which may include your child/ward in the aforementioned mediums.

## Photo Release Consent

\_\_\_\_\_ I hereby allow my child/ward to be photographed and their likeness to be reproduced for publication.

\_\_\_\_\_ I DO NOT allow my child/ward to be photographed, nor can their likeness be used for any purpose.

Name of Child/Ward: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_