



Northern California Conference of Seventh-day Adventists  
 P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/humanresources  
 Phone (916) 886-5663 • FAX (888) 609-3904 • hr@nccsda.com

**NEW HIRE or REHIRE  
 Personnel Action  
 Request Form**

OFFICE USE ONLY	
EIN: _____	PIN: _____
Qualifies for: <input type="checkbox"/> Medical <input type="checkbox"/> Retirement <input type="checkbox"/> Basic Life <input type="checkbox"/> LTD <input type="checkbox"/> Supp. Life/AD&D	
% Time: _____ W/C Rate Code: _____ P/T entered by: _____	
TB: _____	Livescan: _____ Clearance Sent: _____
Multi-Position: _____	

1. Employee Name (First Name, Middle Initial, Last Name) \_\_\_\_\_  
 (as stated on the Social Security Card)

2. Social Security Number \_\_\_\_\_

3.  New Employee OR  Rehire Employee OR  New Position

4. Regular Employment Status - Please refer to the "Wage Scale and Employee Cost Estimation" booklet for costs associated with benefit eligibilities.

- Full-time Regular (38 or more hours per week, eligible for all benefits)
- Half-time Plus Regular (30-37 hours per week, eligible for half-time and medical benefits)
- Half-time Plus Regular (19-27 hours per week, eligible for half-time benefits)
- Half-time Minus Regular (up to 18 hours per week, eligible for California Sick Leave Law benefit)

OR

Temporary Employment Status - Less than 12 months, ending date is required, may be eligible for California Sick Leave Law and/or Affordable Care Act (ACA) benefits.

- Full-time Temporary (38 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (30-37 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (19-27 hours per week, California Sick Leave Law benefit)
- Half-time Minus Temporary (up to 18 hours per week, may be eligible for California Sick Leave Law benefit)

Student: Clerical  Student: Non-Clerical  Seasonal  Substitute  Occasional  Special Assignment

5. Employment Start Date \_\_\_\_\_ Temporary Employment Ending Date \_\_\_\_\_

6. Job Description Title \_\_\_\_\_ Place of work \_\_\_\_\_

7. Date voted by local church/school board \_\_\_\_\_

8. Hours this employee has been scheduled to work per week \_\_\_\_\_

9. Hourly \$ \_\_\_\_\_ OR Monthly \$ \_\_\_\_\_ Indicate: ERI Area \_\_\_\_\_ Job Code \_\_\_\_\_ Step \_\_\_\_\_

10. Additional Comments (optional) \_\_\_\_\_

11. Is this employee a replacement?  Yes  No (If no, please skip to Item 12)

If yes, please state name of previous employee \_\_\_\_\_

Have you submitted a Personnel Action Request Form for this previous employee?

Yes  No (If no, please submit a Change Personnel Action Request Form showing termination status)

**Before signing, please make sure that all information on this form is complete to avoid processing delays.  
 Your authorized local employer's signature commits the represented entity to a binding agreement.**

12. Authorized Local Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

13. Print Local Employer's Name \_\_\_\_\_ Employer's Title \_\_\_\_\_

14. Name of Church/School Represented \_\_\_\_\_

Submit this NEW HIRE or REHIRE Personnel Action Request Form to HR@nccsda.com

# NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS

## California Mandated Enhanced Background Check for Youth Organizations

California Assembly Bill 506 (AB506) requires that all NCC Employees must be Live Scanned and complete Child Protection/Mandated Reporter Training

### 1. GET LIVE SCANNED (Electronic Fingerprinting)

- a. School Employees: Use NCC Live Scan Application with ORI Code A3044
- b. Church Employees: Use NCC Live Scan Application with ORI Code AW334

2. E-MAIL A COPY of your Live Scan form after getting Live Scan done with ATI Number provided by the Live Scan Operator to the NCC Child Safety Compliance Coordinator ([joana@nccsda.com](mailto:joana@nccsda.com)). Be sure to cover up your Social Security Number before sending.

### 3. DO CHILD PROTECTION TRAINING

- a. Go to <https://www.mandatedreporterca.com> and create an account
- b. Select either School Personnel *or* Clergy and complete the required courses. If you work in both a school and a church setting, select School Personnel.



School Personnel



Clergy

4. E-MAIL A COPY of your certificate showing successful completion of your training to the NCC Child Safety Compliance Coordinator ([joana@nccsda.com](mailto:joana@nccsda.com)).



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

AW334  
ORI (Code assigned by DOJ)

**Employee-Youth Organization OR Volunteer-Youth Organization**  
Authorized Applicant Type

**Position, such as Pastor, Janitor, Pathfinder Director, SS Teacher, etc.**

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

## Contributing Agency Information:

Northern California Conference of SDA  
Agency Authorized to Receive Criminal Record Information

29926  
Mail Code (five-digit code assigned by DOJ)

P.O. Box 619015  
Street Address or P.O. Box

Joana van Iderstein  
Contact Name (mandatory for all school submissions)

Roseville CA 95661  
City State ZIP Code

(916) 886-5670  
Contact Telephone Number

## Applicant Information:

[Redacted]  
Last Name

[Redacted] [Redacted] [Redacted]  
First Name Middle Initial Suffix

Other Name: (AKA or Alias)  
[Redacted]  
Last Name

[Redacted] [Redacted]  
First Name Suffix

[Redacted] Sex  Male  Female

[Redacted] Date of Birth

[Redacted] Driver's License Number

[Redacted] Height Weight Eye Color Hair Color

[Redacted] Billing Number 162456  
(Agency Billing Number)

[Redacted] Place of Birth (State or Country) Social Security Number

[Redacted] Misc. Number (leave blank)  
(Other Identification Number)

[Redacted] Home Address Street Address or P.O. Box

[Redacted] [Redacted] [Redacted]  
City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

[Redacted]  
Applicant Signature

[Redacted]  
Date

Church Name: **Short version of your location, such as Granite Bay or Leoni**  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:  
(Must provide proof of rejection) Original ATI Number

## Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

## Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AW334

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Northern California Conference of Seventh-day Adventists  
Agency Authorized to Receive Criminal Record Information

29926

Mail Code (five-digit code assigned by DOJ)

PO Box 619015  
Street Address or P.O. Box

Joana van Iderstein

Contact Name (mandatory for all school submissions)

Roseville CA 95661  
City State ZIP Code

(916) 886-5670  
Contact Telephone Number

### Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex  Male  Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color Billing Number 162456  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number (leave blank)  
(Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Church Name: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
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Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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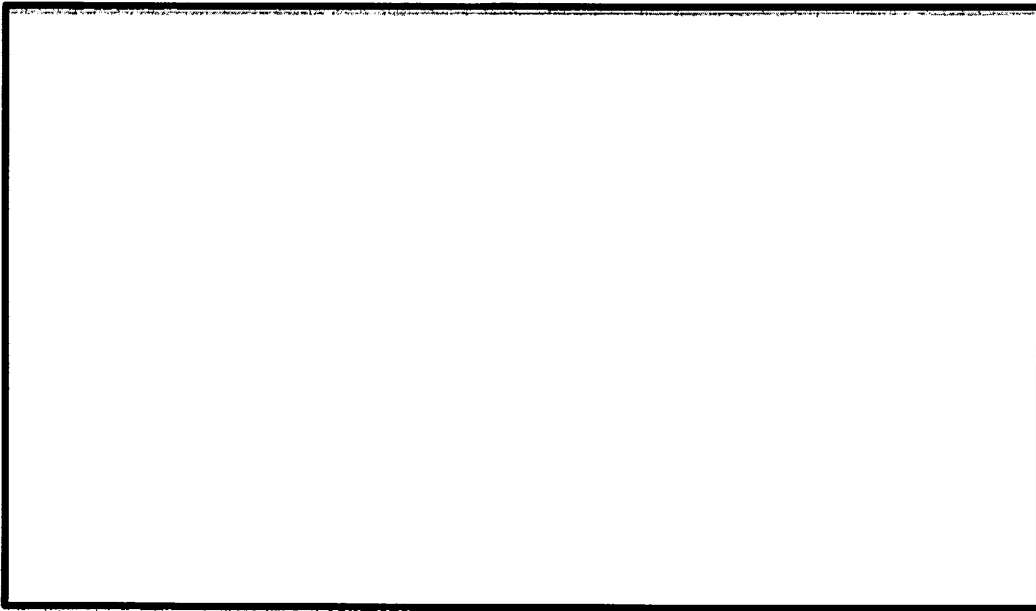
<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

Please make a copy  
of the new employee's  
Social Security Card.







# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



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## Employee Data Collection Sheet

Please Complete All Sections

Employee Name (First, Middle, Last as listed on Social Security Card)

--

Home Address

Street		
City	State	Zip

Mailing Address (If Different)

Street		
City	State	Zip

Home Phone

Mobile Phone

Email Address

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status
Birthdate	Social Security Number
Credential or License Held	Expiration Date

Please list the following information for your dependents (Any person listed on your tax return and/or receiving any benefits due to your employment with the Northern California Conference)

Name	Relationship	Date of Birth	Gender	Social Security Number

Employee Signature

Date

The Northern California Conference is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Northern California Conference invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Are you Hispanic or Latino?  Yes  No

If you have answered no to the above question, please indicate your race:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)

## Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	<b>(b) Social security number</b>
	Address _____		<b>Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a>.</b>
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works** Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$
2 Enter: { • \$29,200 if you're married filing jointly or a qualifying surviving spouse } . . . . . 2 \$
{ • \$21,900 if you're head of household }
{ • \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4 . . . . . 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

### Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	<input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - Number of Regular Withholding Allowances (**Worksheet A**)
  - Number of allowances from the Estimated Deductions (**Worksheet B**, if applicable.)
  - Total Number of Allowances you are claiming 0
- Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)  
OR

**Exemption from Withholding**

- I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here)   
OR
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section: Employer's Name and Address</b>	<b>California Employer Payroll Tax Account Number</b>

**Purpose:** The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal/state income tax last year, and
- You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- Your spouse is a member of the armed forces present in California in compliance with military orders;
- You are present in California solely to be with your spouse; and
- You maintain your domicile in another state.

If you claim exemption under **this act**, **check the box on Line 4**. You may be required to provide proof of exemption upon request.



The *California Employer's Guide (DE 44)* ([edd.ca.gov/pdf\\_pub\\_ctr/de44.pdf](http://edd.ca.gov/pdf_pub_ctr/de44.pdf)) provides the income tax withholding tables. This publication may be found by visiting Payroll Taxes - Forms and Publications ([edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm)). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) ([ftb.ca.gov](http://ftb.ca.gov)).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the FTB ([ftb.ca.gov](http://ftb.ca.gov)).

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**Notification:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) ([govt.westlaw.com/calregs/Search/Index](http://govt.westlaw.com/calregs/Search/Index)), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**Penalty:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code ([leginfo.ca.gov/faces/codes.xhtml](http://leginfo.ca.gov/faces/codes.xhtml)) and section 19176 of the Revenue and Taxation Code ([leginfo.ca.gov/faces/codes.xhtml](http://leginfo.ca.gov/faces/codes.xhtml)).

## Worksheets

### Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**Two-Earners/Multiple Incomes:** When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer.

Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**Married But Not Living With Your Spouse:** You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- (3) You will file a separate return for the year.

**Head of Household:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the entire year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

### Worksheet A

#### Regular Withholding Allowances

- |  |     |
|--|-----|
| (A) Allowance for yourself — enter 1   | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1             | (B) |
| (C) Allowance for blindness — yourself — enter 1   | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse                     | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4                   | (F) |

### Instructions — 2 — (Optional) Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

### Worksheet B

#### Estimated Deductions

Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- |  |      |
|--|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540   | 1.   |
| 2. Enter \$10,726 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,363 if single or married filing separately, dual income married, or married with multiple employers | - 2. |
| 3. Subtract line 2 from line 1, enter difference   | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)  | + 4. |
| 5. Add line 4 to line 3, enter sum   | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)   | - 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference   | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here.  | 8.   |
| 9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)   | 9.   |
| 10. Enter amount from line 5 (deductions)  | 10.  |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.  | 11.  |

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

1. Enter estimate of total wages for tax year 2024. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2024 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$158.40). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2024. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2024. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2024. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables Are for Calculating Worksheet C and for 2024 Only

**Single Persons, Dual Income Married  
or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,412	1.100%	\$0	\$0.00
\$10,412	\$24,684	2.200%	\$10,412	\$114.53
\$24,684	\$38,959	4.400%	\$24,684	\$428.51
\$38,959	\$54,081	6.600%	\$38,959	\$1,056.61
\$54,081	\$68,350	8.800%	\$54,081	\$2,054.66
\$68,350	\$349,137	10.230%	\$68,350	\$3,310.33
\$349,137	\$418,961	11.330%	\$349,137	\$32,034.84
\$418,961	\$698,271	12.430%	\$418,961	\$39,945.90
\$698,271	\$1,000,000	13.530%	\$698,271	\$74,664.13
\$1,000,000	and over	14.630%	\$1,000,000	\$115,488.06

**Married Persons**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,824	1.100%	\$0	\$0.00
\$20,824	\$49,368	2.200%	\$20,824	\$229.06
\$49,368	\$77,918	4.400%	\$49,368	\$857.03
\$77,918	\$108,162	6.600%	\$77,918	\$2,113.23
\$108,162	\$136,700	8.800%	\$108,162	\$4,109.33
\$136,700	\$698,274	10.230%	\$136,700	\$6,620.67
\$698,274	\$837,922	11.330%	\$698,274	\$64,069.69
\$837,922	\$1,000,000	12.430%	\$837,922	\$79,891.81
\$1,000,000	\$1,396,542	13.530%	\$1,000,000	\$100,038.11
\$1,396,542	and over	14.630%	\$1,396,542	\$153,690.24

**Unmarried/Head of Household**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,839	1.100%	\$0	\$0.00
\$20,839	\$49,371	2.200%	\$20,839	\$229.23
\$49,371	\$63,644	4.400%	\$49,371	\$856.93
\$63,644	\$78,765	6.600%	\$63,644	\$1,484.94
\$78,765	\$93,037	8.800%	\$78,765	\$2,482.93
\$93,037	\$474,824	10.230%	\$93,037	\$3,738.87
\$474,824	\$569,790	11.330%	\$474,824	\$42,795.68
\$569,790	\$949,649	12.430%	\$569,790	\$53,555.33
\$949,649	\$1,000,000	13.530%	\$949,649	\$100,771.80
\$1,000,000	and over	14.630%	\$1,000,000	\$107,584.29

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB \(ftb.ca.gov\)](http://ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

# Direct Deposit Authorization Agreement

Northern California Conference of Seventh-day Adventists

Begin Deposits     Change or Add Account     Cancel Deposits     Decline Direct Deposits

Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_

***Attach document here***

If you cannot attach the document please send the correct form or document on another sheet.

## **Please Note:**

Only a voided check or a Start Direct Deposit form printed by your bank can be used to begin your deposits.

**Handwritten forms cannot be processed and will not be accepted.**

1. Bank Name \_\_\_\_\_ % of Net Pay to Deposit \_\_\_\_\_ or Fixed Amount \$ \_\_\_\_\_
2. Bank Name \_\_\_\_\_ % of Net Pay to Deposit \_\_\_\_\_ or Fixed Amount \$ \_\_\_\_\_
3. Bank Name \_\_\_\_\_ % of Net Pay to Deposit \_\_\_\_\_ or Fixed Amount \$ \_\_\_\_\_
4. Bank Name \_\_\_\_\_ % of Net Pay to Deposit \_\_\_\_\_ or Fixed Amount \$ \_\_\_\_\_

**Please Note:** It may take 1-2 pay cycles for your new direct deposit enrollment to go into effect. Until then, you will receive your pay as a paper check mailed to the mailing address we have on file for you.  
This also applies if you are changing bank accounts or adding a new account.

Your direct deposit pay slips will be emailed to the email address we have on file for you. If you need help accessing your pay slips, please contact the Payroll department at payroll@nccsda.com or (916) 886-5600 ext. 229.

By submitting this form, I authorize the **Northern California Conference of Seventh-day Adventists** to initiate credits and/or corrections to previous credits to the financial institutions listed. This authorization will remain in effect until I give written notice to the Northern California Conference of Seventh-day Adventists to change or terminate this authorization.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to Human Resources at HR@nccsda.com.**



# Redwood Creek Summer Camp Staff Application



\_\_\_\_\_  
Last                      First                      Middle Initial                      Email Address

Other names by which known (eg., maiden name) \_\_\_\_\_

Male                      Female

\_\_\_\_\_  
Cell / Current Phone

\_\_\_\_\_  
Home Address                      City                      State                      Zip

\_\_\_\_\_  
Current Address                      City                      State                      Zip

Previous Residence(s) for last five years (include college and home residences)

City	_____	State	_____	Years	_____
City	_____	State	_____	Years	_____
City	_____	State	_____	Years	_____
City	_____	State	_____	Years	_____
City	_____	State	_____	Years	_____

Driver's License #                      \_\_\_\_\_                      State                      \_\_\_\_\_                      Exp. Date                      \_\_\_\_\_

Are you a baptized member of the Seventh-day Adventist Church?                      Yes                      No

\_\_\_\_\_  
Church you regularly attend                      Church where membership is held

Are you authorized to work in the US?                      Yes                      No

Are you 18 years of age or older?                      Yes                      No

Have you within the past twelve months abused any substance, taken any illegal drugs, or used tobacco and/or alcohol?  
If Yes, please explain on a separate piece of paper.                      Yes                      No

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic offense? If Yes, please explain on a separate piece of paper.                      Yes                      No

Have you ever been convicted of any child abuse and/or sex-related offense? If yes, please explain on a separate piece of paper.                      Yes                      No

Name of person, not a family member, who has known you five or more years, who can and may be asked to verify this statement. \_\_\_\_\_

\_\_\_\_\_  
Please provide the address, occupation and phone number of person listed above.

Name and address of last school attended (or presently attending) \_\_\_\_\_

\_\_\_\_\_  
What was the last grade you completed? \_\_\_\_\_ List diploma(s) and/or degree(s) received \_\_\_\_\_

\_\_\_\_\_  
If you attended college, what was (is) your major?

Describe any specialized training (Music, Language, Software (Word, Excel), Apprenticeship, skill and extracurricular activities)

Please list your special interests & hobbies including any musical instruments you play.

Have you been previously employed by the Northern California Conference (NCC)? Yes No

Have you been previously employed by another Adventist entity? Yes No

If Yes, where

Do you have any relatives employed by the NCC? Yes No

Provide any additional information you feel may be helpful to us in considering your application.

References: List below three persons, other than relatives, who can provide character and employment references.

Name	Position	Address	Phone

I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application, in my interview(s), or otherwise in the application process will void this application or subject me to discharge at any time. I expressly acknowledge and understand that in the absence of a written contract to the contrary, my status, if I am hired, will be that of an employee at will having no contractual right, express or implied, to remain in the NCC's employ.

I also expressly acknowledge and understand that, as a not-for-profit religious organization, the NCC is exempt from state unemployment insurance, state disability insurance, and paid family leave. Therefore, its employees are not eligible to receive benefits for any of these programs.

I authorize the employing organization and its agents to confirm information supplied on this application and résumé and to conduct a background check to investigate my suitability for employment and authorize my prior employers to disclose to NCC information contained in my personnel file. This investigation may include information on my character, general reputation, personal characteristics and mode of living. By initialing below, I expressly waive the right to receive a copy of any public record obtained in the course of the background investigation. Further, I release all parties from all claims, damages and liability that may result from furnishing information about me to NCC and using that information in considering my employment application.

Please initial here indicating that you have read and agree to the above. \_\_\_\_\_

Signature of Applicant

Date

Office Use Only: Paid Position Volunteer Assignment \_\_\_\_\_  
Verified Volunteer Completion \_\_\_\_\_

# REDWOOD CREEK SUMMER CAMP - STAFF HEALTH INFORMATION FORM

(If you are under 18, your parent or guardian must complete this form)

Complete this form and mail with your other papers to Redwood Creek Summer Camp, P.O. Box 729, Eureka, CA 95502. All information is kept confidential.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ S.S. # \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_ Name of Insurance: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve Phone: (\_\_\_\_) \_\_\_\_\_

## In case of an emergency, whom should we notify?

Name/Relationship: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve Phone: (\_\_\_\_) \_\_\_\_\_

## Current Health Status

Are all required immunizations up to date?  Yes  No Date Tetanus given (required): \_\_\_\_\_

Have you received the Hepatitis B vaccination series?  Yes  No

Do you have any current health condition which requires special treatment or restrictions?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any \*contagious conditions?  Yes  No

If yes, explain: \_\_\_\_\_

\*Notification required prior to attendance in the case of any contagious conditions not listed on this form (e.g. illness contacted after application has been processed, including head lice).

**Allergies** (Please check any allergies you have and explain reaction)  No known allergies

- |  |  |
|--|--|
| <input type="checkbox"/> Penicillin _____    | <input type="checkbox"/> Anesthetics _____ |
| <input type="checkbox"/> Environmental _____ | <input type="checkbox"/> Hay Fever _____   |
| <input type="checkbox"/> Bee Stings _____    | <input type="checkbox"/> Horses _____      |
| <input type="checkbox"/> Dietary _____       | <input type="checkbox"/> Other _____       |

**Health History** (Please check any conditions you have or have had and give the approximate date of onset)  None

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Asthma _____                | <input type="checkbox"/> Depression _____  | <input type="checkbox"/> Low Blood Sugar _____      | <input type="checkbox"/> Chicken Pox _____                | <input type="checkbox"/> Freq. Ear Infections _____ |
| <input type="checkbox"/> ADD/ADHD _____              | <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Heart Defect/Disease _____ | <input type="checkbox"/> Bleeding/Clotting Disorder _____ |   |
| <input type="checkbox"/> Mononucleosis _____         | <input type="checkbox"/> Diabetes _____    | <input type="checkbox"/> Migraines _____            | <input type="checkbox"/> Other _____                      |   |
| <input type="checkbox"/> Major surgery/illness _____ |  |   |   |   |

## Medications

Please list all medications to be taken at camp (including inhalers and non-prescription medications). Medications brought to camp must be kept in a locked suitcase or in an area inaccessible to campers (e.g. Medical Office).

\_\_\_\_\_

\_\_\_\_\_

The following **over-the-counter medications** will be available while you are at camp if necessary or requested. These medications will be administered under the direction of the camp nurse. Dosages will be as listed on labels and generic equivalents will be used if available. If under 18, please have your parent/guardian check YES if they approve you using, or NO if they do not wish the medication to be used, for each medication:

- | YES                      | NO                       |   | YES                      | NO                       |   |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol (for minor aches/pains, fever)        | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl (for congestion, allergic reactions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil (for minor aches/pains, cramps)         | <input type="checkbox"/> | <input type="checkbox"/> | Robitussin (for cough)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums (for upset stomach/nausea/indigestion)   | <input type="checkbox"/> | <input type="checkbox"/> | Imodium (for diarrhea)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Maalox (for upset stomach/nausea/indigestion) |                          |                          |   |

**Certifications** (Please check if you have any of the following certifications/licenses and give expiration dates)

First Aid \_\_\_\_\_  CPR \_\_\_\_\_  EMT \_\_\_\_\_  Paramedic \_\_\_\_\_  LVN \_\_\_\_\_  RN \_\_\_\_\_  Other \_\_\_\_\_

-----  
If there is any other information you feel the health care staff should be aware of, please list below or on a separate page.

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

**Redwood Creek Summer Camp Staff**  
**MEDICAL CONSENT, RELEASE AND ASSUMPTION OF RISK AGREEMENT FORM**

**MEDICAL RELEASE:** Permission is granted for any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered under the general or specific instruction of staff member's physician or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of staff member's physician, at a licensed hospital, urgent care facility, or at the camp. It is further understood that this consent is given to authorize Redwood Creek Summer Camp or the physician to exercise his/her best judgement as to the requirement of such diagnosis or treatment. I/we also give permission to the nurse/doctor to give over-the-counter medications as listed on reverse side including but not limited to, pain medication, cold and flu medication unless otherwise noted. This consent shall remain in continuous effect until revoked in writing or, if under 18, said minor is removed by the parent or guardian from Redwood Creek Summer Camp. I/we hereby authorize any hospital or physician or any other person who has attended or examined staff member to furnish the camp's insurance company or its representative any and all information on treatment, and copies of all hospital or medical records. A Photostatic copy of this authorization shall be as valid as the original. I/we understand that if for any reason staff member has to leave camp, either for medical reasons or otherwise, I/we shall be responsible for transportation from Redwood Creek Summer Camp. If staff member has additional medical/health needs, I/we have included the specific information on a separate piece of paper.

**CAMP ACTIVITIES:** Redwood Creek Summer Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California Corporation, (hereinafter referred to as the "Church Entities") offer a wide variety of camp activities, sometimes including, but not limited to, hiking, archery, go-karts, rappelling, sports, athletics swimming, woodcraft and ropes course.

**INHERENT RISKS:** The Church Entities strive to make all camp programs safe. However, as in any strenuous activity, these activities have inherent risks and may result in serious injury or death. Some of these inherent risks may include: The failure of equipment used in these activities; the propensity of an animal to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of an animal's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; the potential of a participant, employee or agent to act in a negligent manner that may contribute to injury to the participant or others, such as failing to perform a task adequately, failing to maintain control over an animal or not acting within his or her ability; certain hazards such as surface and subsurface conditions; Natural Disasters, such as earth movement, weather conditions; collisions with other objects or animals.

**ACCEPTANCE OF RISKS:** I/we realize that any camp activity has inherent risks associated with the performance of those activities. I/we understand that the church entities take time to safe techniques, including the proper use and limitations of each piece of equipment. I/we should only consent for participation after I/we have read the description of the programs in the camp brochure. If I/we have any questions, I/we will contact the Camp Director before giving consent. I/we am/are voluntarily giving permission as the self or parent/guardian of the named staff member, to participate in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury or death.

**ACTIVITY RELEASE:** As consideration for being permitted by the Church Entities or one of their affiliated organizations to participate in the above activities and use their facilities, I/we hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Church Entities, or their owners, employees, officers, directors, members, agents and all affiliates and parent organizations of said entities. Further, I/we agree to release from liability, indemnify and hold harmless said organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from the named staff member's participation in any camp activity. I/we further agree to release, acquit, and covenant not to sue said organizations for any and all actions, causes of action, claims or damages, damages in law, or remedies inequity of whatever kind, including negligence of said organizations. I/we understand "said organizations" includes their agents and employees. I/we have read this entire agreement and fully understand it. I/we also acknowledge that I/we have read the camp brochure including its description of the above listed programs.

**PHOTO/MEDIA RELEASE:** This certifies that I/we, as the staff member and/or Parent/Guardian of the said staff member, hereby grant permission to Redwood Creek Summer Camp Administration to use materials (including, but not limited to, slides, video recordings, sound recording, photographs, and movie film) which has been, is now, or will be taken, recorded, or produced at Redwood Creek Summer Camp during the camping season for the purpose of advertising, news articles, visual aids, web site, or otherwise.

**STATEMENT OF AGREEMENT:** I/we have carefully read these agreements and fully understand their contents. I/we am/are aware that these are releases of liability and contracts between myself and Redwood Creek Summer Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California corporation and/or their affiliated organizations and sign it of my own free will. As self and/or parent/guardian of the above named staff member, I/we release Redwood Creek Summer Camp and Church Entities from liability in case of accident or illness. I, as the Parent/Guardian of said staff member, hereby give my consent for said staff member under 18 years of age for whom I am responsible, and whose name and birthdate is listed above, to work at Redwood Creek Summer Camp. I/we have read the above releases and assumption of risk agreements and photo release and agree to be bound by them.

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** (if staff under 18) \_\_\_\_\_ **Date** \_\_\_\_\_