

Camp Minsi Camp Staff 2026 - Employee

The dates below are opportunities for you, as a Minsi Trails Council Camp Staff Member candidate, to turn in your completed paperwork well in advance of your arrival on camp property!

Minsi Trails Council Service Center, 991 Postal Road, Allentown, PA 18109

- By appointment w/ Brian Dungan, Director of Support Services
(Call or email to schedule) 9 AM – 5 PM
brian.dungan@scouting.org or (610) 465-8557

Camp Minsi, 106 Camp Minsi Rd, Pocono Summit, PA 18346

- Beaver Day Weekend at Camp Minsi
 - Friday May 15, 2026, 7:00PM
 - Saturday May 16, 2026 (Dining Hall) 9:00AM
- OA Spring Weekend at Camp Minsi
 - Friday, May 29, 2026, 6:30PM Dining Hall
 - Saturday May 30, 2026, 9:00AM Dining Hall

All paperwork for employment is due by June 1st, 2026



Prepared. For Life.™

Scouting America

Minsi Trails Council

Check
Off

**Use the check list to complete your paperwork. All forms must be received to be APPROVED.
If Incomplete, ALL will be returned to Staff Member for completion.**

- ☐ Complete/Initial/Sign - Summer Camp Staff Form Part A and Part B.
- ☐ Form I-9, Employment Eligibility Verification
 - ☐ Complete Section 1 – Employee Information
 - ☐ For section 2 – Employee needs to provide a photo copy of one selection from list A or a combination of one selection from list B and one selection from list C to turn in. (refer to document)
- ☐ Completed W-4
- ☐ Completed Taxing Jurisdiction and Local earned income tax residency certification forms. **(PSD code must be completed)**
- ☐ Sign Workers' Comp Employee Notification and Workers' Comp Information
- ☐ Local Services Tax Exemption Certificate (if applicable, other tax will be withheld)
- ☐ Payroll Direct Deposit Form

State of Pennsylvania Act 15 Clearances: additional info found at [Minsitrails.org/resources](https://minsitrails.org/resources)

- ☐ PA Child Abuse History Clearance _____
- ☐ Pennsylvania State Police Criminal Record Check _____
- ☐ FBI waiver minor PA Resident or Federal Criminal Background Check ____

Employee will be reimbursed for cost of clearances in 2026. Must turn in original receipts with copies of clearances.

Copies must be turned in with paperwork and Clearances must say for Employment and not Volunteering.

BSA Online Trainings needed to be completed. Turn in a copy with paperwork:

- ☐ Workplace Harassment Prevention Training (training to be taken every year) <http://bit.ly/4caFiY5>
- ☐ **NEW** Peer on Peer Abuse Training – taken every year www.my.scouting.org
- ☐ Safe Guarding Youth Training – (formally Youth Protection Training) taken every year. – expiration not to be before 8/31/2026) www.my.scouting.org
- ☐ BSA Weather Hazard Training (valid for 2 years – expiration not to be before 8/31/2026) www.my.scouting.org

2026 BSA Registration (regardless of your current status - everyone must complete an application)

- ☐ 2026 BSA Youth Application

All Minor Employees (if you are under the age of 18 prior to June 16, 2026)

- ☐ Pennsylvania Work Permit copy (original must be presented and will be returned; minor must include a copy in paperwork.)
(Work permit must include the name and address of issuing officer and be from the state of PA)

All Minor Employees (if you are under the age of 16 prior to June 16, 2026)

- ☐ Parent Acknowledgement of Minor's Duties and Hours of Employment Full copy of the LLC-75 form must be presented signed by parent. Lower portion to be kept by MTC and top section given to parent/guardian.

FINAL STEP: Prior to your arrival on camp property, you will need to secure a **"staff approved letter"** from Brian Dungan, Camping Director. The letter will indicate your camp staff paperwork is complete and cleared to be on property. Bring your completed BSA Annual Health and Medical form to camp with your "staff approved letter."

Internal Use: _____

Staff Approved Letter Date _____

Summer Camp Staff Form Part A - Employee

Please Print - Forms must be filled out completely and legible.

Name (Last, First, MI)

Age as of 6/1/2026

Social Security Number

Date of Birth

Phone Number

Working Papers Certificate # * (required if under 18)

Street Address

City, State, Zip

County

E-Mail Address

Registered BSA Council, Unit Type and Number (if registered in BSA) _____

BSA Membership ID (if registered in BSA) _____

Is hereby accepted for the position of _____ at Camp Minsi and for such other duties as may be assigned by Camp Management in their sole discretion.

Dates of service from _____ to _____ 2026

Compensation for services shall be \$ _____ per week. Food and lodging provided by the camp (Value of \$250/week).

Compensation covers setting up and taking down camp and training that may be necessary, even if not within the above dates, for the work requirements of the position named above. Directors required to attend camp school will not receive additional compensation for time spent. The Council shall be responsible for camp school registration and fees. Your employment with the Camp is at-will and can be terminated by either you or the Camp at any time, with or without cause and with or without notice.

As per Pennsylvania Act 15, all camp staff employees, 14 and older, are required to secure and provide copies to Minsi Trails Council prior to your arrival on camp property. Clearances include Pennsylvania State Police Criminal History, Pennsylvania Department of Human Services Child Abuse Clearance, and fingerprint based Federal Criminal History. All costs associated with clearances will be reimbursed by the Minsi Trails Council. My employment with the Camp is contingent upon a successful background clearance. I understand _____ (initial)

Should your employment be terminated, at any time, for any reason, you will be paid only for the services rendered as of the time of termination.

*** Note: Original workpapers must be presented at time of packet submission and will be returned to applicant.**

Summer Camp Staff Form Part A - Employee

Name (Last, First, MI) _____

The employee and Parent or Guardian (for those under 18 years) indicate, by their signatures below, their agreement with the above items listed in Staff Member Agreement-Part A and the items listed on the Mutual Understanding Agreement-Part B. **All items are to be initialed on Part B to indicate your understanding. If under 18 years of age, parent must also initial.**

To provide equal employment and advancement opportunities to all individuals, employment decisions at the Camp are based solely on merit, qualifications, and abilities. The Camp provides equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, marital status, national origin, ancestry, age, disability, veteran status, genetic information, or any other characteristic protected by law, in accordance with applicable federal, state, and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, demotion, discipline, termination, lay-off, recall, transfers, leaves of absence, compensation, benefits, and training.

Staff Member Signature

Date

Parent or Guardian* (if under 18)

Date

Parent Address (if different from above)

Parent Home Phone Number
(if under 18)

Parent Cell Phone Number
(if under 18)

Parent E-Mail Address (If under 18)

Hiring Manager Signature

Date

Scout Executive Signature

Date

Emergency Contact Information (Fill in at least one):

Name

Phone

Relationship

Name

Phone

Relationship

Name

Phone

Relationship

Summer Camp Staff Form Part B - Employee

Name (Last, First, MI) _____

Both employee & Parent (if under 18) must initial each item)

IT IS OUR MUTUAL UNDERSTANDING THAT:

1. _____/_____ Compensation is subject to Federal and State Withholding tax and Social Security. Such deductions, and any other authorized deductions, will be made from an employee's wages. Unless otherwise provided by law, an employee must provide the Camp with his or her Social Security number, or an application for a Social Security number, to receive payment of wages. Failure to provide such information may result in a delay in an employee's receipt of pay. You agree to be compliant and current with all camp staff employment paperwork.

2. _____/_____ If you are under 18 years of age, and have not graduated from High School, you must obtain working papers from your school Superintendent's office or if you live out of the state of PA, you must obtain working papers from a school district within the state of PA. It is state law that these working papers be at your place of employment. You cannot start work or be allowed on property without this form.

Name, school and address of the issuing agent _____

3. _____/_____ You will be expected to wear a complete, official, Scout Summer uniform and cap, with no non-Scout clothing added. We recommend two complete summer uniforms. Camp will provide one staff shirt. You are expected to appropriately wear your uniform and other clothing. Failure to wear proper attire may result in disciplinary action, up to and including termination of employment.

4. _____/_____ Your conduct while employed as a staff member must be exemplary, both on and off duty. As a staff member you must bring only positive reflection on your actions. Failure to abide by these principles will be grounds for immediate termination. Additionally, your Youth Protection, Weather Hazards and Unlawful Harassment Prevention trainings are current.

5. _____/_____ Those 18 and over (**only**), wishing to bring a car to camp, must secure advance approval from your Camp Director. Any employee who brings a car to Camp must have a minimum of \$75,000.00 of liability insurance and be able to prove same by providing a "Certificate of Insurance" naming Minsi Trails Council as "additionally insured". This form, and a photocopy of your license, must be given to your Camp Director. **Only drivers 21 and older may take staff passengers off camp property.** Employees further agree to follow all requirements of the Driver License and Vehicle Information attached hereto.

6. _____/_____ The Camp is not responsible for personal items brought to Camp. There is no insurance coverage, provided by your employer, for personal items, for theft, fire, or other risk. In order to safeguard the Camp and its employees, and to help prevent the possession, use, and sale of illegal controlled substances on the Camp's premises, the Camp reserves the right to inspect any package, parcel, purse, handbag, lunch box, or any other possession or article carried to and or from the Camp's property. In addition, the Camp reserves the right to search any employee's living quarters, office, desk, files, locker, tool box, vehicles, or any other area or article on the Camp owned and/or rented premises or brought to the Camp's property. Said inspections may be conducted by the Camp at any time at its sole discretion. All personal items left on property must be removed on your last day of employment.

Summer Camp Staff Form Part B - Employee

Page 1

Name (Last, First, MI) _____

7. _____/_____ Staff members' living quarters will be designated by the Camp Director. You are required to always keep your quarters neat and clean. Bedtime or "taps" will be assigned and must be honored by all staff members.
8. _____/_____ An additional **mandatory requirement** for employment is a completed BSA Annual Health and Medical Form, signed by a physician and your parents if you are under 18. You must use the current BSA Annual Health and Medical, which may be obtained at scouting.org. Also, by completing the BSA annual Health and Medical Form, you agree to the informed consent, release agreement and authorization.
9. _____/_____ Staff insurance information. As a member of a camp staff, I understand I am covered by insurance as per the following. Employees will be covered by a comprehensive Workmen's Compensation Accident Insurance program while you are on the job. All on-the-job accidents must be reported to the Camp Health Officer **immediately**. This policy does not cover illness or free time or when you are on a day or night off.
- My or my family's Health Insurance Company is _____
Policy/Certificate # _____
10. _____/_____ You will, naturally, assist the entire staff in forwarding the program and the objectives of the Boy Scouts of America and Minsi Trails Council. While the starting position listed on the Summer Camp Staff Form Part – A is your chief duty, you agree to assist in any manner that may be assigned and understand that you may also be reassigned to another position.
11. _____/_____ Employees will be subject to discipline for failure to adequately perform work duties and/or for violation of any of the Camp's policies or procedures. Such discipline may be in the form of verbal warning, written warning, suspension with or without pay or immediate discharge. The determination of appropriate disciplinary action shall be in the sole discretion of the Camp based upon the facts and circumstances of each infraction. Examples of infractions that may result in disciplinary action include, but are not limited to, the following: A) Use of alcohol by anyone in camp; B) Use of illegal drugs at any time; C) Abuse of over-the-counter drugs; D) Striking a camper, another staff person, or adult leader for any reason, even if you feel justified; E) Continued use of foul or abusive language; F) Lack of attention to job responsibilities or refusing to perform work as directed; G) Falsification of documents and/or records, such as employment applications, personnel documents or time-keeping records; H) Unsatisfactory performance of job duties; I) Insubordination or other disrespectful conduct; or J) harassment or other unlawful or unwelcomed conduct. This list is not comprehensive or all-inclusive and does not limit, in any way, the Camp's right to terminate employment at any time, with or without cause.
12. _____/_____ I understand and will follow the guidelines and policies of the Boy Scout of America. These include **Safeguarding Youth Guidelines, Peer on Peer Abuse Training, Weather Hazards training, and Workplace Harassment Prevention training.**
13. _____/_____ I understand, prior to my arrival on camp property, I will need to secure a "staff approved letter" from the Minsi Trails Council Director of Support Services. I also understand I will need to bring my approved letter, signed Camp Staff Code of Conduct Form along with my completed BSA Annual Health and Medical Form with me on check in day.
14. _____/_____ **Social Media Policy.**

Minsi Trails Council - Social Media Policy

We encourage our fans and followers to post, comment and interact with others, and expect that remarks will be respectful of the rights and opinions of others. Please comply with the Scouter Code of Conduct and the Guide to Safe Scouting.

We strive to make our social media community reflective of the values of the Boy Scouts of America, including the Scout Oath and the 12 points of the Scout Law. You are responsible for the content of your comments.

We do not discriminate against any views, but we reserve the right to delete comments that contain any of the following:

- violent, obscene, profane, hateful, or racist comments
- comments that threaten or harm the reputation of any person or organization
- false, inaccurate, or misleading information
- advertisements or solicitations of any kind
- comments that suggest or encourage illegal activity
- multiple off-topic comments or repetitive comments that are copied and pasted
- personal information including, but not limited to, e-mail addresses, telephone numbers, mailing addresses, or identification numbers

Comments by users on this platform do not necessarily reflect the opinions or policies of the Minsi Trails Council or the Boy Scouts of America.

Moderating and responding to comments should only be expected during normal business hours.

Social media usage by Minsi Trails Council employees is expected to comply with all applicable policies.

In short: be nice and add to the discussion.

If you continually violate this policy, we may limit your ability to comment in the future.

If you have any questions or comments about this policy, please send an email to questions@minsitrails.org



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 05/31/2027

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			
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.		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 Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
		If you check Item Number 4., 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)		Additional Information			
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)					
		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Certification: 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Dungan, Brian Dir. of Support Services				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
Minsi Trails Council #502 Boy Scouts		991 Postal Rd, Allentown, PA 18109		

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	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 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"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-top: 10px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

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.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		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 www.ssa.gov .
	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.)		
	Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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.

Step 2: Multiple Jobs or Spouse Works	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.		
	Do only one of the following.		
	(a) Use the estimator at www.irs.gov/W4App for the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate. <input type="checkbox"/>		

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.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a) \$		
	(b) Multiply the number of other dependents by \$500	3(b) \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here		3	\$
Step 4: Other Adjustments	(a) Other income (not from jobs). 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		4(a)	\$
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027. <input type="checkbox"/>
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Step 5: Sign Here	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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Minsi Trails Council, 991 Postal Rd, Allentown, PA 18109	06/14/2026	23-1708585

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-4, such as legislation enacted after it was published, go to 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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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 if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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 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. Submit a separate Form W-4 for each job.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name) Minsi Trails Council, Boy Scouts of America			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0; text-align: center;">2 3 1 7 0 8 5 8 5</div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 106 Camp Minsi Road				
ADDRESS LINE 2				
CITY Pocono Summit	STATE PA	ZIP CODE 18346	PHONE NUMBER 610-264-8551	
MUNICIPALITY (City, Borough or Township) Tobyhanna				
COUNTY Monroe	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0; text-align: center;">4 5 0 3 0 7</div>		WORK LOCATION NON-RESIDENT EIT RATE 1.000%	

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

dced.pa.gov/Act32

WORKERS' COMPENSATION INFORMATION

(1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

(2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

(3) You should report immediately any injury or work-related illness to your employer.

(4) Your benefits could be delayed or denied if you do not notify your employer immediately.

(5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

(6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.

EMPLOYEE INITIAL ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION INFORMATION

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE WORKERS' COMPENSATION INFORMATION PROVIDED HEREIN.

Employee Name

Employee Signature

Date

**EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION INFORMATION AT OR SOON AFTER THE TIME OF CLAIMED WORK INJURY
I HEREBY ACKNOWLEDGE THAT I HAVE AGAIN RECEIVED AND RE-READ THE WORKERS' COMPENSATION INFORMATION PROVIDED HEREIN.**

Employee Name

Employee Signature

Date

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

2026

Tax Year

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____

Soc Sec #: _____

Address: _____

Phone #: _____

City/State: _____

Zip: _____

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$_____: Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: _____

Phone #: _____

Address: _____

Zip: _____

City/State: _____

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

Employment Information: List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER** under #1 below and your secondary employers under the other columns. If self employed, write **SELF** under Employer Name column.

	1. PRIMARY EMPLOYER	2.	3.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

PLEASE NOTE:

All information received by the Tax Collector is considered to be **CONFIDENTIAL** and is only used for official purposes relating to the collection, administration and enforcement of the **LOCAL SERVICES TAX**.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____

Direct Deposit Information

All payroll will be done through Direct Deposit to your bank account. There will not be any checks distributed.

You must submit the BSA Payroll Direct Deposit Form along with a **voided check** drawn from the account you want your pay deposited to or a **letter from your bank on official letterhead** verifying the ABA and account #.

When all of your paperwork is finalized and inputted you will get an email from ADP to set up an account with them so you can view your paystubs and other important documentation.



Prepared. For Life.™

Boy Scouts of America Ntl., Payroll Direct Deposit Form

Employee Information Employee Name: _____ Employee ID: _____

Department Name: _____

☐ **Direct Deposit**

Bank Account Information

Account Type: ☐ Checking ☐ Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: \$ _____ or ☐ All

Bank Account Information - Account 2:

Account Type: ☐ Checking ☐ Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: \$ _____ or ☐ All

Additional Information for Direct Deposit:

- Depending on your bank's processes, pay should be automatically deposited into your account(s) within 2 pay periods.
- It is your responsibility to notify Payroll of any changes to / closure of your bank account. Failure to notify Payroll may delay issuance of checks.
- **For each account, you must provide a voided check drawn from the account (no deposit slips) or a letter from the bank on official letterhead verifying the ABA and account #. Incomplete or inaccurate information will not be processed.**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize Boy Scouts of America on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize Boy Scouts of America, at its election, to pay any off cycle wage payments and wage payments due to me upon discharge by means of electronic transfer of funds to a paycard, and I acknowledge that a copy of the terms, conditions, and fees associated with using such paycard are available at my workplace and upon request made to my manager. These authorizations will remain in effect until Boy Scouts of America receives written notice from me terminating my authorization.

☐ **Paycard**

Paycard Information:

Paycard Number: **Provide by the Payroll Department** _____ Deposit Amount: \$ _____ or ☐ All

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize Boy Scouts of America to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after Boy Scouts of America receives written notice from me terminating my authorization.

Please contact your Payroll Department at 972-580-2326 with any questions

Employee Name (Print Name): _____ Date: _____

Employee Signature Authorizing Payment Method: _____

Pennsylvania Act 15 Clearances

All camp employees must have clearances for employment that are valid within the last 5 years.

Camp Employee Under the age of 18 may submit the attached FBI Waiver for Minors if you have lived in PA for 10 or more years.

Under 18 will still need to submit for the other Child Abuse and PA State Police clearances if you have not done it for us in the last 5 years.

Information found here:

www.minsitrails.org/campstaffclearances

**We will reimburse the cost for any 2026 clearances.
Submit original receipts with copies of clearances.**

Clearances must state for Employment, not Volunteering. Clearances are good for 5 years. Your clearances must have been completed between August 31, 2021 through August 31, 2026. If they expire before August 31st then you must submit new clearances.

For Under 18 year staff members who have live in PA for 10 or more years. This is in place of the FBI Clearance.

You will still need the PA State Police and Child Abuse Clearances for Employment

DISCLOSURE STATEMENT APPLICATION FOR EMPLOYMENT OF A MINOR

Required by the Child Protective Service Law

23 Pa. C.S. Section 6344

relating to minor employees having contact with children

I swear/affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous 10-year period.

I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse committed within the past five (5) years

I swear/affirm that I am not disqualified from employment nor have I been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

Or the attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

I hereby swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from employment as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or

For Under 18 year staff members who have live in PA for 10 or more years. This is in place of the FBI Clearance.

You will still need the PA State Police and Child Abuse Clearances for Employment one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination of employment.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I understand that if information obtained pursuant to the above background clearances reveals that I am disqualified from employment, I will be immediately dismissed from employment.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Parent/Guardian: _____ Signature: _____

Date: _____

Did you include a copy of your training certificates?

- Workplace Harassment Prevention Training <http://bit.ly/4caFiY5>
- NEW Peer on Peer Abuse Training www.my.scouting.org (ScoutingU)
- Safe Guarding Youth Training www.my.scouting.org
- Hazardous Weather Training www.my.scouting.org (ScoutingU)

Directions to find Hazardous Weather Training and Peer on Peer Abuse Training

Go to my.scouting.org and login

Click on the Scouting U picture. This will send you to a different site. You may need to login again with your my.scouting login.

In the search bar of the page type in Hazardous Weather or Peer on Peer to search for it.

Click visit on the course and take the course. Print out the completed certificate or save as a PDF.

TIP: For Safe Guarding Youth, Peer on Peer and Hazardous Weather make sure you are using the latest version of Chrome or Edge and also use your browser in incognito mode.

SCOUTING AMERICA YOUTH MEMBER APPLICATION – Must be completed by the youth's parent or legal guardian

YOUTH INFORMATION

First name (Full legal name) Middle name Last name Suffix Preferred nickname

Country Home address City State Zip code

Phone - - / / / Grade

Date of birth (mm/dd/yyyy) / /

School

Ethnic background: ☐ Black/African American ☐ Native American ☐ Alaska Native ☐ Male ☐ Female
☐ Caucasian/White ☐ Pacific Islander ☐ Asian ☐ Scout Life subscription ☐

☐ Hispanic/Latino ☐ Other

Youth email address

PARENT/LEGAL GUARDIAN INFORMATION

☐ Mark here if the Lion or Tiger adult partner is not the parent or legal guardian. Have the adult partner complete and attach an adult application and indicate their relationship below.

Select relationship: ☐ Parent ☐ Legal Guardian

First name (Full legal name) Middle name Last name Suffix Preferred nickname

Country Home address City State Zip code

Primary phone - - / / / Occupation Employer

Alternate phone - - x Previous Scouting experience

Gender: ☐ Male ☐ Female

Parent/legal guardian email address

I have read the attached information for parents and approve the application. I affirm that I have or will review *How to Protect Your Children From Child Abuse: A Parent's Guide*.

Signature of parent/legal guardian

To be completed by unit

Signature of unit leader (or designee)

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship ☐ Lone Cub Scout ☐ Has earned Arrow of Light ☐ Lone Scout ☐ Bear ☐ Wolf ☐ Tiger ☐ Webeles

Unit No.: For pack registration select one: ☐ Lion ☐ Tiger ☐ Wolf ☐ Bear ☐ Webeles

Registration fee \$ Council fee \$ Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship

Scout Life fee \$ PAID: ☐ Cash ☐ Check No. Credit card ☐

Enter membership number from unexpired certificate:

Transfer application ☐ Multiple application ☐ Council No.:

Unit No. or district name:

If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

MINSI TRAILS COUNCIL CAMP STAFF

Staff Statement of Understanding and Code of Conduct

Statement of Understanding: All staff members, both youth and adult, are selected based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. By signing the letter of appointment, all adult staff members as well as youth staff members and their parents or guardians agree to the conditions of the statement of understanding and code of conduct as a condition of participation, with the further understanding that serious misconduct or infraction of rules and regulations may result in termination and expulsion from camp. Each staff member is responsible for his or her own behavior. **All staff members are expected to abide by the code of conduct as follows:**

1. I will be guided by the Scout Oath and Scout Law and will obey all U.S. federal laws, as well as local and state laws.
2. I will set a good example by keeping myself neatly dressed and presentable.
3. I will attend all scheduled programs and participate as required in cooperation with other staff members and leaders.
4. I agree to follow the camp check-in and check-out procedures and to observe camp quiet hours.
5. I will be responsible for keeping my quarters and personal gear labeled, clean, and neat. I will adhere to all camp recycling policies and regulations. I will do my share to prevent littering of the campgrounds and agree to follow the principles of Leave No Trace.
6. I understand that the possession or consumption of alcoholic beverages or illegal drugs or misuse of prescribed drugs is prohibited at camp. I understand that the purchase, possession, or consumption of alcoholic beverages off council property must comply with state and federal law and must not affect my job performance.
7. Serious and/or repetitive behavior violations including use of tobacco, smoking, vaping, smokeless tobacco, cheating, stealing, dishonesty, swearing, fighting, and cursing may result in termination or disciplinary action.
8. I understand that gambling of any form is prohibited.
9. I will not possess or distribute pornography or materials that contain words or images inconsistent with Scouting values.
10. I will abide by the Council Social Media guidelines and any digital and/or physical media I create for the Minsi Trails Council and Camp Minsi will become the property of Minsi Trails Council.
11. I understand that possession of lasers of any type and possession or detonation of fireworks are prohibited.
12. Neither the camp nor the Minsi Trails Council will be responsible for loss, breakage, or theft of my personal items. I will label all my personal items and check items of value at the direction of staff leaders. Theft on my part will be grounds for termination and expulsion from camp.
13. I will not discuss or engage in any form of sexual conduct while engaged in Scouting activities. I will refer Scouts with questions regarding these topics to talk to their parents or spiritual advisor.
14. I will use camp equipment in a safe manner and for its intended purpose and will return the equipment in good condition.
15. I understand that staff members are prohibited from having firearms and weapons in their possession or on camp property, in accordance with U.S., local, and state laws.
16. I understand the importance of following BSA's Youth Protection and safety policies and will follow those guidelines and report all violations that come to my attention.
17. Hazing has no place in Scout camp (e.g. running the gauntlet, belt lines, or similar physical punishment). As a staff member I agree to prevent and stop all hazing activities.
18. I will respect diversity—whether the differences be in physical characteristics or in perspectives.
19. I have the responsibility not to engage in behavior that constitutes discrimination or harassment in any way, including race, color, national origin, sex, religion, age, disability, or citizenship of an individual. This applies to everyone, including fellow staff members, campers, adult leaders, parents, and outside vendors.
20. I have the responsibility to report instances of discrimination or harassment (directed at me or at others) to the camp director or the Scout executive.
21. I will comply with this code of conduct and the Scouters Code of Conduct of the Boy Scouts of America. Any violation may result in expulsion from the camp at my own expense. I understand that all such decisions will be final.

I do hereby acknowledge that I have read and agree to comply with all rules, procedures, and information contained on this form and my contract.

Staff Name: _____ Date: _____

Staff Signature: _____

(If staff is under 18)

Parent's Name: _____ Date: _____

Parent's Signature: _____

This copy to be turned in with your signed employment contract.



Pennsylvania Work Permit Copy

Original must be presented and will be returned; minor must include a copy in paperwork

Work permit must include the name and address of issuing officer and **be from the state of PA.**

If you live outside of PA the School Districts that you should work with to get your Work Permit are:

Camp Minsi: Pocono Mountain Area School District

The MTC is in the Catasauqua School District so many have got it through them.

**PARENTAL ACKNOWLEDGEMENT
OF MINOR'S DUTIES AND HOURS
OF EMPLOYMENT**

(Must be completed for minors under 16 years of age)*

(This section to be completed by the employer.)

The undersigned parent or legal guardian of _____, age _____,
(name of minor)

hereby acknowledges and understands that this minor's employment with

_____, commencing _____, will consist of the following duties and hours:
(name of employer) (date)

(This section to be completed by the employer.)

Duties of minor (e.g., cashier, food service,
lifeguard, sales clerk, etc.)

Camp counselor

Hours of work:

Sunday	<u>Noon</u> P.m.- <u>5:00</u> P.m.
Monday	<u>9:00</u> AM.m.- <u>5:00</u> P.m.
Tuesday	<u>9:00</u> AM.m.- <u>5:00</u> P.m.
Wednesday	<u>9:00</u> AM.m.- <u>5:00</u> P.m.
Thursday	<u>9:00</u> AM.m.- <u>5:00</u> P.m.
Friday	<u>9:00</u> A.m.- <u>5:00</u> P.m.
Saturday	_____ .m.- _____ .m.

Other/additional hours (include explanation):

May work up to 9:00 PM
Max 8 hrs/day 40 hrs/week

(☐ additional sheet(s) attached)

(To be signed by minor's parent or legal guardian.)

I hereby acknowledge that I understand the above duties and hours to be worked by the above-named minor for this employer and grant permission for this employment. This statement is made subject to the provisions of 18 Pa. C.S. § 4904 (relating to unsworn falsifications to authorities).

(Printed name of parent or legal guardian) ☐ Parent of _____
☐ Legal guardian (Name of minor)

(Signature of parent or legal guardian)

(Date)

* This form is required to be completed by the parent or legal guardian of a minor employee under 16 years of age pursuant to Section 8(a)(2)(ii) of the Child Labor Act, and the original copy must be kept by the employer at the workplace along with other records of the minor's employment required by Section 8(d).

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*