

YMCA Outreach Program Assistance Application

To the applicant: It is important that you complete all portions of this application for your request to be considered. Failure to answer every question will automatically disqualify your application. Be specific in your request for assistance. Be very specific in completing the income section. **Applicant must be 18 years of age or older.**

For the Applicant

Please make sure you have the following information with your completed application.

- The last 2 current paystubs for each person in the household.
- Copies of photo ID's for anyone 16 and older on the membership.
- Verification of anything you answered yes to in the income section on page 3.
- If you are married, we need a copy of your marriage certificate.
- If you have any children on the membership, we need copies of birth certificates for all of them.

Entire household income must be provided. Failure to submit these documents will only delay the time it takes to review your application. Please allow one to two weeks for your application to be reviewed. Once a decision has been made concerning your application you will receive a phone call letting you know you've been approved.

YMCA Staff Use Only

Please make sure you have reviewed the application and they have the information listed above. **Fill out the information below.**

Date: _____

Staff Initials: _____

- Is there a previous balance due on the account? If yes, please have them pay at this time.
- Is the application completed?

Membership type: _____

Gross Yearly Income: _____

Percentage Qualify for: _____

Within the past 3 years, have they been on outreach? Yes No

Is this a renewal? Yes No

Member ID#: _____

Payment Amount: _____

PLEASE MARK THE AREAS OF ASSISTANCE THAT YOU WOULD BE INTERESTED IN RECEIVING.

Membership:	YES	NO
Programs: instructional classes	YES	NO
Child Care: for school age children. (You must provide paperwork that shows you applied	YES	NO
Child Development Center: through DFS to receive outreach assistance for child care.)	YES	NO

PERSONAL INFORMATION

LAST NAME	EMPLOYER(S)
FIRST NAME	EMPLOYER ADDRESS
MIDDLE INITIAL	
GENDER (Please Circle) Male / Female	
ADDRESS	WORK PHONE
CITY	Hours worked each week?
STATE	Are you paid weekly?
ZIP CODE	Are you paid bi-weekly?
HOME PHONE	Are you paid monthly?
DATE OF BIRTH	Pay rate amount?
E-MAIL	
MARITAL STATUS (CHECK ONE)	Married Divorced Widowed Single

If you are married, complete the spouse section. Also, a marriage certificate is required.

SPOUSE INFORMATION

LAST NAME	EMPLOYER
FIRST NAME	EMPLOYER ADDRESS
MIDDLE INITIAL	
GENDER (Please Circle) Male / Female	
ADDRESS	WORK PHONE
CITY	Hours worked each week?
STATE	Are you paid weekly?
ZIP CODE	Are you paid bi-weekly?
HOME PHONE	Are you paid monthly?
DATE OF BIRTH	Pay rate amount?
E-MAIL	

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: (A person not on your membership)

Name:	Phone Number:
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Are you or your spouse presently enrolled in school?	YES	NO	Where?
Full time hours?	YES	NO	Part time hours? YES NO
Are you receiving financial aid?	YES	NO	
Is any of your financial aid work study?	YES	NO	

If you or your spouse are receiving disability, please explain your disability.

Your membership entitles you to use all three facilities. Which facility do you feel you will primarily utilize?

West YMCA - 3507 Amazonas
 Knowles YMCA - 424 Stadium
 Firley YMCA - 525 Ellis

DEPENDENT CHILDREN UNDER 24, OR THAT ARE DISABLED CAN BE OLDER (Medical Documentation Required)

If you have children, complete the dependent section. Also, birth certificates are required.

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	AGE	RELATIONSHIP	GENDER	SCHOOL ATTEND
						M/F	
						M/F	
						M/F	
						M/F	
						M/F	
						M/F	
						M/F	
						M/F	

Income Section

DOCUMENTS MUST BE ATTACHED TO VERIFY INCOME AMOUNTS.

Are you or the household receiving any of the following?			TOTAL MONTHLY AMOUNT
Do you receive retirement or pension benefits?	YES	NO	
Do you receive unemployment?	YES	NO	
Do you receive workmen's comp?	YES	NO	
Do you receive child support?	YES	NO	
Do you receive maintenance (alimony)?	YES	NO	
Do you receive AFDC/ADC OR TANIF?	YES	NO	
Do you receive food stamps?	YES	NO	
Do you receive Social Security benefits?	YES	NO	
Do you receive foster care income?	YES	NO	
Do you receive general relief?	YES	NO	
Do you receive housing subsidy?	YES	NO	
Do you receive utility allowance?	YES	NO	
Do you receive income from property you own?	YES	NO	

By signature, I certify that information provided on this form is correct, and **I agree to provide copies of documents to verify income and financial need.** I understand that I am extended the same benefits and privileges of membership, therefore, I am obligated to abide by the same rules and regulations.

APPLICANT'S SIGNATURE

DATE

Would you be interested in helping with volunteer work for the YMCA?

Yes No

If yes, when are you available?

Please state your specific reasons for wanting to participate in the YMCA.

RELEASE

I, the undersigned, request permission for (list everyone on membership):

to enter the Jefferson City Family YMCA (hereinafter "YMCA") in Cole County, Missouri and to participate in any YMCA activities, including but not limited to: YMCA fitness center and all sporting and recreational activities. I know and I assume all those risks, whether those risks arise while on or off the YMCA premises.

In consideration of the permission granted to enter the YMCA premises and/or participation in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as all other persons connected with the aforementioned YMCA from all claims, demands, actions and causes of action for any sort of personal injury or damage to my property relating to my presence on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arose from the negligence or any other fault of those connected with the YMCA.

I represent and certify that I am 18 years of age or older, and that my attendance and participation in the YMCA activities is voluntary, and that I am not an employee or agent of the owners, operators or sponsors of the YMCA premises and/or activities.

I CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING REQUEST AND RELEASE ON THIS _____ DAY OF _____ 201 _____

Applicant (18 years or older)

COMMENTS:

**AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR
YMCA & AFFILIATE PAYMENTS**

DAY OF WITHDRAWAL - MONTHLY 1st

NAME OF CUSTOMER

MAILING ADDRESS OF CUSTOMER (STREET CITY STATE & ZIP CODE)

MEMBERSHIP/PROGRAM

MONTHLY PAYMENT

I HAVE GIVEN AUTHORITY TO:

FULL NAME OF BANK/CREDIT CARD

ADDRESS, CITY, STATE AND ZIP

to honor preauthorized checks drawn by you on my account for membership/program payments as indicated above. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership/program. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment.

ACCOUNT NO.

BANK TRANSIT NO.

Please attach a voided check or a letter from your bank stating the routing and account numbers.

Checking Savings Credit Card / Exp. Date _____

Begin Draft _____ @ \$ _____

Change Draft _____ @ \$ _____

Date

Member Signature

Staff Signature

YMCA MEMBER & AFFILIATE AGREEMENT

1. I understand:

^{initial} this is a continuous membership and I am committing to maintain it for at least one year. Should I cancel my membership before making 12 monthly payments, I will pay either the joining fee or the balance of the year's membership dues. **This final payment will be drafted from my account.**

^{initial} at this time I am paying the joining fee designated for my membership type.

2. Membership dues are neither refundable or transferable.

3. It is to my complete understanding that if I wish to terminate or change my membership/program in any way, I must give written notice in person. **Bank drafts for membership dues and/or program fees must be cancelled in writing by the 25th day of the calendar month to be effective for the forthcoming month.** Drafted amounts are not refundable except in the case of double drafts or incorrect amounts.

4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership/program. I understand that I will receive at least 30 days written notice prior to any such change.

5. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.