

YMCA Outreach Program

Applicant must be 18 years of age or older. Entire household income must be provided.
Failure to submit supporting documents will only delay the time it takes to review your application.
Please allow 1-2 weeks for your application to be processed.
Once a decision has been made concerning your application you will receive a phone call to inform you.

Items Needed:

- Last 2 current paystubs for each person in the household
- Copies of Photo ID's for anyone 16 and older on the membership
- Supporting documents for the income section on page 3
- Copy of marriage certificate, if applicable
- Copies of birth certificates or proof of guardianship, if applicable

YMCA Staff Use Only

Applicant's Name: _____

DOB: _____

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Date Received*: _____

Date Processed*: _____

Date Called*: _____

*Staff Initials after date

Is there a previous balance due on the account? Yes No

Is the application completed? Yes No

Membership type: _____

Gross Yearly Income: _____

Percentage Qualify for: _____

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:	YES	NO
CHILD CARE: 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			
ZIP CODE		Pay Cycle (Please Circle)	
HOME PHONE		Weekly Bi-Weekly Monthly	
DATE OF BIRTH		Pay rate amount?	
E-MAIL			
MARITAL STATUS (CHECK ONE)	Married	Divorced	Widowed Single

SPOUSE INFORMATION

If you are married, complete the spouse section. Also, submit a copy of marriage certificate.

LAST NAME		EMPLOYER	
FIRST NAME		EMPLOYER ADDRESS	
MIDDLE INITIAL			
GENDER (Please Circle) Male / Female			
ADDRESS		WORK PHONE	
CITY		Hours worked each week?	
STATE			
ZIP CODE		Pay Cycle (Please Circle)	
HOME PHONE		Weekly Bi-Weekly Monthly	
DATE OF BIRTH		Pay rate amount?	
E-MAIL			

EMERGENCY CONTACT

Name:	Phone Number:
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EDUCATION INFORMATION

Are you or your spouse presently enrolled in school?	YES	NO	
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	

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.

DEPENDENT CHILDREN INFORMATION

Dependent children under 24 (or any age for disabled children living with you)
 A copy of birth certificate or proof of guardianship is required for each child

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	

INCOME INFORMATION

Proof of income must be attached for verification.

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? (Food Stamps NOT include	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 _____

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

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 operators, and sponsors, as aforementioned YMCA activities, I release and discharge the owners, YMCA from all claims, demands, well as all other persons connected with the aforementioned 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'S SIGNATURE _____