

## YMCA Outreach Program

- Primary applicant must be 18 years of age or older. Entire household income must be provided.
- 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.
- Applications are valid for one year after approval date. After that time, renewal applications will be requested and expected for continuing in the Outreach program.

**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 or proof of residing in the same household, if applicable
- Copies of birth certificates or proof of guardianship, if applicable

**Failure to submit supporting documents will delay the time it takes to review your application**

## YMCA Staff Use Only

Applicant's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

- 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
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- Copies of birth certificates or proof of guardianship, if applicable

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: \_\_\_\_\_

<b>PLEASE MARK THE AREAS OF ASSISTANCE THAT YOU WOULD BE INTERESTED IN RECEIVING</b>		
<b>MEMBERSHIP:</b>	YES	NO
<b>PROGRAMS:</b>	YES	NO
<b>CHILD CARE:</b> school age children (You must provide paperwork that shows you applied	YES	NO
<b>CHILD DEVELOPMENT CENTER:</b> through DFS to receive outreach assistance for child care.)	YES	NO

**PRIMARY MEMBER INFORMATION**

LAST NAME		EMPLOYER(S)	
FIRST NAME		EMPLOYER ADDRESS	
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

**EMERGENCY CONTACT**

Name:	Phone Number:
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**SPOUSE INFORMATION (If Applicable)**

Please submit a copy of marriage certificate or provide proof of residing in the same household

LAST NAME		EMPLOYER	
FIRST NAME		EMPLOYER ADDRESS	
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			

**ADDITIONAL ADULT INFORMATION (If Applicable)**

Please provide proof of residing in the same household

LAST NAME		EMPLOYER	
FIRST NAME		EMPLOYER ADDRESS	
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			

**ADDITIONAL ADULT INFORMATION (If Applicable)**

Please provide proof of residing in the same household

LAST NAME		EMPLOYER	
FIRST NAME		EMPLOYER ADDRESS	
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			

**MEMBERS ON ACCOUNT**

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	

**HOUSEHOLD ADD ON**

Up to two additional adults may be added onto a Household membership for \$20 per adult per month before any discounts  
 Adult(s) added onto the membership must show proof of same residency

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

**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		

**INCOME INFORMATION**

Proof of household income must be attached for verification

	YES	NO	Total Monthly Amount
Do you receive retirement or pension benefits?			
Do you receive unemployment?			
Do you receive workmen's comp?			
Do you receive child support?			
Do you receive maintenance (alimony)?			
Do you receive AFDC/ADC OR TANIF? (Food Stamps NOT included)			
Do you receive Social Security benefits?			
Do you receive foster care income?			
Do you receive general relief?			
Do you receive housing subsidy?			
Do you receive utility allowance?			
Do you receive income from property you own?			

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 of membership, and I am obligated to abide by the same rules and regulations.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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 \_\_\_\_\_

PRIMARY MEMBER'S SIGNATURE \_\_\_\_\_ SPOUSE'S SIGNATURE \_\_\_\_\_

HOUSEHOLD ADD-ON SIGNATURE \_\_\_\_\_ HOUSEHOLD ADD-ON \_\_\_\_\_