



Outreach Financial Assistance Program

Date of Application _____

☐ I am reapplying to the Outreach Program

Staff Initials _____

Staff
Initials

OUTREACH ASSISTANCE- Check all that apply

- ☐ Membership
☐ Programs
☐ Childcare

Staff
Initials

PRIMARY MEMBER INFORMATION

Name _____
_____/_____/_____

☐ Male ☐ Female DOB _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Cell Number _____ Cell Provider _____

May we contact you via text/email with promotions, cancellations and other information (You may opt out at a later time)? ☐ Yes ☐ No

Email _____ Additional Email _____

Staff
Initials

ALL PERSONS LIVING IN HOUSEHOLD WHO WILL BE LISTED ON MEMBERSHIP

(Spouse, dependents 23 years and younger, disabled dependent family member at home)

Name	DOB	Gender (Circle one)		Relation
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	
		Male	Female	

Staff
Initials

IN CASE OF EMERGENCY

(Please list someone not on your membership to notify)

Name _____ Relationship _____

Phone _____

Staff
Initials

EXPLAIN WHY/HOW, BESIDES FINANCIALLY, YOU WOULD BENEFIT FROM PARTICIPATING IN THE Y



INCOME VERIFICATION

(Falsifying any information or not listing all income will result in permanent denial of Outreach application and termination of any Y membership)

- ☐ Most recent year's W-2 forms for all employed household members.
- ☐ Most recent year's Federal Tax Return (Form 1040 pages 1 and 2 only; or Form 1040EZ or a non-filing form).
- ☐ Copies of your last 2 paycheck stubs OR a letter from your employer stating your annual salary.
- ☐ Total monthly income for any items listed below:

Income Type	Monthly \$ Amount	Don't Receive? Place "X"
Child Support		
Rent Assistance/Housing		
Food Stamp Assistance		
Social Security/Disability		
Unemployment		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		



SIGNATURE

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand that this financial assistance is short term and that financial eligibility is reassessed annually unless otherwise noted.

Signature of Financially Responsible Applicant

Date

Printed Name of Financially Responsible Applicant

Date

INCOMPLETE APPLICATIONS WILL BE HELD FOR NO LONGER THAN 30 DAYS. FALSIFIED APPLICATIONS WILL RESULT IN
PERMANENT DENIAL OF OUTREACH SCHOLARSHIP CONSIDERATION.

PHOTO RELEASE: I hereby consent and agree that moving or still pictures may be taken of me by YMCA staff members (and whomever they may designate) to be used and displayed at their discretion for marketing/public relation purposes

PATRON ACCEPTANCE OF COLLECTION COST: Payment for services are due in advance. Payment not received by the specified deadline or as a result of an insufficient check may be subject to collections by a collections agency and/or attorney. If such should occur, patron agrees that he/she shall be responsible for any and all of the Jefferson City Area YMCA's expenses, including, but not limited to, collection costs, court costs and attorney's fees, whether or not litigation is commenced.

POLICY ON REGISTERED SEX OFFENDERS: The Jefferson City Area YMCA prohibits sex offenders from obtaining membership or participating in classes and programs offered in or on the grounds of any of its facilities or properties. The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

I, the undersigned, request permission for all individuals listed on this membership to enter the Jefferson City Area YMCA (hereinafter "the YMCA") in Cole County, Missouri and to participate in any YMCA activities, including but not limited to: the YMCA fitness center and all sporting and recreational activities. I know and I assume any and all risks related to my participation in the above activities, whether such risks arise while on or off the YMCA premises. In consideration of the permission granted to enter the YMCA premises and /or participate in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presences on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arise from the negligence or fault of the YMCA. I represent and certify that I am 18 years of age or older, and that my attendance and participation in YMCA activities is voluntary. I certify that I have read and I understand the foregoing request/release.

In witness whereof, I have executed this request and release on this _____ day of _____,
20_____,

Applicant (18 years or older)

Parent or Guardian, if Minor

Spouse



MONTHLY BANK DRAFT OR DEBIT/CREDIT CARD DRAFT FOR MONTHLY DUES

Bank Draft/Debit/Credit Card payment plan is a continuous membership payment draft and it will continue unless the Y is notified in writing by noon on the last day of the month to be effective for the forthcoming month.

Bank: Name of Bank _____ Bank Routing Number _____

☐ Checking ☐ Savings Bank Account Number (Last 4 Digits Only) _____

Credit Card: ☐ Visa ☐ Mastercard ☐ Discover

Credit Card Number (Last 4 Digits Only) _____ Expiration Date: _____ / _____

Name on Account for Draft _____



TERMINATION OF MEMBERSHIP

Membership dues are neither refundable nor transferable. It is 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 noon on the last day of the calendar month to be effective for the forthcoming month. Drafted amounts are only refundable in the case of double drafts or incorrect amounts. It is my responsibility to check my monthly account statement and report any corrections within 30 days of the draft. 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.

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.

Member Signature

Date