

APPLICANT'S NAME: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_



YMCA

We build strong kids,  
strong families, strong communities.

# 2010

## YMCA of Iredell County OPEN DOORS PROGRAM

### CHECK LIST

APPLICATION COMPLETE

APPLICATION SIGNED

PROOF OF INCOME (Required)

\* 2009 Tax Return

\* Two most recent check stubs

\* Two most recent bank statements

*FROM ALL WORKING ADULTS IN THE HOUSEHOLD*

If all information is not provided, please include a note giving the reason why. If all information or note is not included, the application will not be processed.

Received by: Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Membership Type \_\_\_\_\_

APPROVED  DATE \_\_\_\_\_ %

(Member Pays) Joiner Fee \$ \_\_\_\_\_ Membership Fee \$ \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Annual \_\_\_\_\_ Bank Draft \_\_\_\_\_ (approval only)

Joiner's fee \$ \_\_\_\_\_ + Pro-rated amount for current month, then \_\_\_\_\_ payments of \$ \_\_\_\_\_

NOT APPROVED  REASONS(S) \_\_\_\_\_



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YMCA of Iredell County & Alexander County YMCA  
OPEN DOORS PROGRAM

The heart of the YMCA's mission is to reach out and serve people in our communities who could and would benefit from our services. When people suffer through drastic changes, such as sudden job loss, medical expenses, loss of a family member who was a sole or partial provider, divorce or any other unfortunate situation, people need to be able to count on us and to be able to continue to be a member or become a member to enhance their ability to take on the challenges in a healthy, supportive manner without creating more stress to their well-being. One of the tangible ways that we become able to help during these challenging times, is by being able to offer financial assistance in the form of a reduced cost of membership to those members and would-be-members who otherwise would have to cease taking advantage of the YMCA.

The YMCA is a community based organization and believes that its services and programs should be available to everyone. It is with this intent we offer the Open Doors program.

The Open Doors program offers a sliding fee scale that is designed to fit the financial situation of each individual and family in our community. We want all people to be involved with the programs and services of the YMCA that nurture the spirit, mind and body – especially during challenging times.

Last year the YMCA provided over \$160,000 in financial assistance for programs such as child care, youth sports, summer camp and membership activities through our Open Doors program. This commitment to those in need helps us build those character values that our YMCA strives to instill in our community: Caring, Honesty, Respect, Responsibility and Faith.

WHO DOES THE OPEN DOORS PROGRAM SEEK TO SERVE?

This program aims to help anyone in our community that the Y can reach through public service activities. We assist:

- + Adults (and their families) who are temporarily un-employed
- + Adults on fixed incomes
- + Youth referred by schools, churches and other civic organizations
- + Single parent families

WHAT PROGRAMS QUALIFY FOR ASSISTANCE?

In order to qualify for assistance in a Program you must be a member. Programs such as Child Care, Sports, and Aquatics are handled by the Department that provides the program. If you qualify for Open Doors, it does not automatically guarantee you for assistance in any program. You must apply separately for each program.

Examples are, but not limited to:

- +Sports Leagues
- +Child Care
- +Youth and Adult Aquatic Classes
- +Summer Camp

HOW MUCH ASSISTANCE IS PROVIDED?

The level of assistance depends on the extent of the need and the cost of the programs. We want to help as many people as possible and the YMCA of Iredell County & Alexander County believe a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement. Currently we are able to grant up to 70% in assistance for membership/program fees.

HOW DO I GET ASSISTANCE?

1. Come by one of our facilities and get an application to our Open Doors Program.
2. Bring information about current income situation, medical needs/expenses, and completed application.
3. Provide verifiable documentation about your income status, we will need to review the following information:

\*Copy of most recent tax return.

\*Copy of your last 2 pay stubs (or bank report showing your direct deposit) or copy of disability / social security check.

\*Two most recent bank statements

\*Documentation of any federal government type assistance like food stamps, unemployment or disability.

**\*\*\*INCOME IS DETERMINED BY EVERY WORKING PERSON IN THE HOUSEHOLD**

NOTE: IF YOU DO NOT HAVE A COPY OF YOUR TAX RETURN YOU MAY OBTAIN ONE VIA THE IRS# 1-800-829-1040.

**If you can not provide the requested documentation you may need to submit a letter explaining your individual situation.**



YMCA

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## YMCA of Iredell County & Alexander County YMCA OPEN DOORS PROGRAM

### HOW LONG WILL ASSISTANCE PROGRAM CONTINUE?

Assistance is provided for a specific period of time and all qualifying factors will be reviewed annually on or during the week of your year anniversary. Some of the assistance will be granted for program specific purposes (summer camp, childcare, swim lessons etc...). In every circumstance the process of re-applying must be done in order to go beyond the allotted time in order to maximize our ability to service all of those in need.

The utilization will be monitored at end of the year. We require the PRIMARY person to use the facility at least 30 times during the current year. If the PRIMARY does not meet the utilization requirement you will not be considered for renewal.

### WHY DO WE REQUEST FINANCIAL INFORMATION?

By having information on income and medical /health needs-requirements, we are able to award assistance in a fair and consistent manner. We use these procedures to ensure everyone receives equal consideration.

### WHO WILL SEE THE FINANCIAL INFORMATION?

All personal information is kept confidential and not shared with anyone or any other entity, the information is reviewed exclusively by a trained YMCA professional. All personal documents will be returned along with the status of the application after review by YMCA staff.

### WHERE DOES THE MONEY COME FROM?

We are a United Way Agency and we participate in all aspects of fund raising to the benefit of the community at large. We also allocate funds from other sources in order to accomplish this goal.

***YMCA members can feel great knowing that they are part of an organization that cares for the health and well-being of people and is committed to building strong kids, strong families, and strong communities***

For more information about the Open Doors Program please contact Michael Harman at:

YMCA of Iredell County  
828 Wesley Drive  
Statesville, NC 28677  
(704) 873-9622 ext 206  
[michael@ymcairedell.org](mailto:michael@ymcairedell.org)

**Please allow 2 weeks to process your application.** After this period a YMCA representative will contact you via a letter with the results of your approval and the percentage that you may have qualified for. Upon receipt of this letter please come by at your convenience during our hours of operation to process the membership or register in any program for which you may have qualified.

NOTE: AS AN OPEN DOORS PROGRAM BENEFICIARY YOU WILL BE EXPECTED TO PAY THE DIFFERENCE BETWEEN WHAT THE YMCA IS GRANTING YOU AND THE REMAINING APPLICABLE TOTAL (THIS INCLUDES ALL TYPES OF MEMBERSHIP OR PROGRAM FEES AS WELL AS THE SAME LEVEL OF PERCENTAGE ON THE JOINER'S FEE).

ALL METHODS OF PAYMENT ARE ACCEPTABLE (CREDIT CARD, CASH, CHECK, MONEY ORDER, BANK DRAFT\*\*).



APPLICATION FOR THE OPEN DOORS PROGRAM - YMCA OF IREDELL COUNTY LOCATIONS:

STATESVILLE  BARIUM SPRINGS  YMCA of Alexander County  
 NEW  RENEWAL

MEMBERSHIP TYPE APPLYING FOR:  ADULT  YOUTH  FAMILY  RETIRED ADULT  RETIRED COUPLE  
 ADULT w/ DEPENDANTS  HOUSEHOLD

**PRIMARY APPLICANT\*:**

NAME \_\_\_\_\_ HOME PH. # (704) \_\_\_\_\_

\*(PRIMARY APPLICANT IS A PERSON REQUESTING ASSISTANCE HE / SHE MUST BE AN ADULT IN ORDER TO QUALIFY REGARDLESS OF THE TYPE OF REQUEST OR FOR WHOM THE REQUEST IS BEING MADE).

ADDRESS \_\_\_\_\_

PLACE OF EMPLOYEMENT \_\_\_\_\_ WORK PH. # (704) \_\_\_\_\_

HOW LONG AT CURRENT JOB \_\_\_\_\_ HOW LONG UNEMPLOYED \_\_\_\_\_ GIVE REASON \_\_\_\_\_

**INCOME INFORMATION:**

ADULT(S) GROSS INCOME \$ \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY \_\_\_\_\_ (AVERAGE # OF HRS/ WEEK)

SOCIAL SECURITY MONTHLY INCOME (SSI) \$ \_\_\_\_\_ UNEMPLOYMENT \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

CHILD SUPPORT \$ \_\_\_\_\_ FOSTER CARE \$ \_\_\_\_\_ RETIREMENT \$ \_\_\_\_\_ FOOD STAMPS \$ \_\_\_\_\_

TOTAL INCOME\$ \_\_\_\_\_

**QUALIFYING DOCUMENTS TO BE SUBMITTED ARE:**

**a- 2 MOST RECENT PAY STUBS FROM ALL WORKING ADULTS IN HOUSEHOLD**

**b- 2009 TAX REPORT**

**c -VERIFICATION FROM SOCIAL SECURITY / SSI, DSS OR OTHER ACCREDITED DISABILITY INSURANCE PAYMENT**

**d - 2 BANK STATEMENTS**

**ALL THE INFORMATION MUST BE SUBMITTED IN AN ORIGINAL FORM (TO BE COPIED AT THE Y)  
AND ON OFFICIAL LETTERHEAD WHEN APPLICABLE.**

EXPENSES: RENT / HOUSE PAYMENT \$ \_\_\_\_\_ AUTO PAYMENT PER MONTH \$ \_\_\_\_\_

**PLEASE LIST UNUSUAL EXPENSES, SUCH AS SCHOOL TUITION, UNREIMBURSED MEDICAL EXPENSES ETC.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISABILITY  PERMANENT  NATURE OF DISABILITY \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPECTED DURATION IF NOT PERMANENT? \_\_\_\_\_

PLEASE EXPLAIN BELOW CIRCUMSTANCES THAT CONTRIBUTE TO YOUR REQUEST TO BE CONSIDERED FOR OUR PROGRAM (I.E. DOCTOR, MEDICAL, PHARMACY, HOSPITAL OR OTHER HEALTH CARE EXPENSES.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



PLEASE LIST BELOW ALL HOUSEHOLD MEMBERS REGARDLESS OF WHOM OR HOW MANY YOU ARE APPLYING FOR:

NAME	LAST NAME	D.O.B	SEX M / F	WORKING? Y / N	GROSS INCOME \$	SCHOOL? NAME GRADE	MILITARY ACTIVE? Y / N

NOTE: IF THERE ARE MORE PEOPLE LIVING IN THE HOUSEHOLD THAN THE SPACE AVAILABLE PLEASE LIST ON A SEPARATE SHEET

EMERGENCY CONTACT: NAME \_\_\_\_\_ PH # \_\_\_\_\_

ARE YOU WILLING TO VOLUNTEER?  YES /  NO Are you CPR and/or First Aid certified?  YES /  NO  
(IF YES IN WHAT CAPACITY OR INTEREST?)

Afterschool / Nursery	
Fitness / Workout Centers	
Membership / Greeter	
Senior Activities	
Youth and Adult Sports	

CONSENT/WAIVER

I, \_\_\_\_\_, hereby authorize the Iredell County Department of Social Services to release specified information from my record to the YMCA of Iredell County. This information shall include: All financial info (ie. SSI, Social Security, Unemployment, etc.), Household composition, and/or Public Assistance received. I understand that the information above is confidential and is protected by N.C. General Statute 108A-80. I further understand that the information above can only be released with my permission. I hereby grant permission for the information above to be released and acknowledge that this release is truly voluntary.

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

WITNESS SIGNATURE (if application signs with an "X") \_\_\_\_\_

# YMCA of Iredell County/YMCA of Barium Springs/Alexander County YMCA

Please Check: Family \_\_\_\_ Household \_\_\_\_ Adult w/ Dependants \_\_\_\_ Adult \_\_\_\_ Youth \_\_\_\_  
 Sr. Adult (Over 65) \_\_\_\_ Sr. Couple (One Adult must be Over 65) \_\_\_\_

<b>PRIMARY</b>	Date	Title	First Name	MI	Last Name																																																																																															
<b>H O M E</b>	Mailing Address				<p>The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.</p> <p><b>PLEASE CHECK AREAS OF INTEREST.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Self</td> <td style="text-align: center;">Spouse</td> <td style="text-align: center;">Children</td> <td style="text-align: center;">Volunteer</td> </tr> <tr> <td>Aquatics</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Aerobics/Group Exercise</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spinning</td> <td style="text-align: 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How did you hear about the YMCA? <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Billboard <input type="checkbox"/> Live in area <input type="checkbox"/> YMCA <input type="checkbox"/> E-Mail <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Work place <input type="checkbox"/> Member <input type="checkbox"/> Former Member <input type="checkbox"/> Friend/Family																																																																																																				
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Branch		YMCA Staff Member		Additional Info:		Monthly Dues Date of Draft/CC Payment (circle one) 1 <sup>st</sup> 15 <sup>th</sup> Monthly Amount \$ _____ Beginning _____ (Month/Year)																																																																																														

Shaded area for membership

Supervisor Signature: \_\_\_\_\_

ATTACH VOIDED CHECK HERE

## Waiver

I am an adult over 18 years of age and wish to participate in YMCA of Iredell County/YMCA of Barium Springs/Alexander County YMCA (the "YMCA") membership/program activities, and if checked here  wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the YMCA of Iredell County/YMCA of Barium Springs/Alexander County YMCA is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

## Membership Agreement

If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 14 day written notice.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee as long as you remain an active member of the YMCA of Iredell County/YMCA of Barium Springs/Alexander County YMCA. If you choose to cancel or discontinue your membership for more than 90 days, a Joiners Fee will be charged when you reapply for membership.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the YMCA of Iredell County/YMCA of Barium Springs/Alexander County YMCA, hereby apply for membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I choose to utilize the EFT option for monthly payment (direct debit from my  Checking  Savings account)**

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)**

Visa  MC

Account Number \_\_\_\_\_ Card Holder Name \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Expiration Date \_\_\_\_\_