

Membership Application



BOYS & GIRLS CLUBS
OF WAYNE COUNTY



Jeffers Unit
1717 South L Street
Richmond, IN 47374
(765) 962-6922

Central Unit
1425 East Main Street
Richmond, IN 47374
(765) 939-2228

Fairview Unit
60 N.W. L Street
Richmond, IN 47374
(765) 914-4714

Hagerstown Unit
299 N. Sycamore
Hagerstown, IN 47346
(765) 238-1668

Office Use Only:

Date: _____ Staff: _____

ID Number: _____

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Jeffers | <input type="checkbox"/> New Member |
| <input type="checkbox"/> Central | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Fairview | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hagerstown | |

Please Print or Type

First Name: <input style="width: 90%;" type="text"/>		Middle Name: <input style="width: 90%;" type="text"/>		Last Name: <input style="width: 90%;" type="text"/>	
Nickname: <input style="width: 90%;" type="text"/>		Birth Date (Must be at least 6 years old): <input style="width: 90%;" type="text"/>		Social Security Number: <input style="width: 90%;" type="text"/>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Mixed Heritage/Bi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Other: _____			
Home Address: <input style="width: 90%;" type="text"/>		Home / Cell Phone Number: <input style="width: 90%;" type="text"/>		# in Household: <input style="width: 90%;" type="text"/>	
City: <input style="width: 90%;" type="text"/>		State: <input style="width: 90%;" type="text"/>		Zip: <input style="width: 90%;" type="text"/>	
School: <input style="width: 90%;" type="text"/>		Grade: <input style="width: 90%;" type="text"/>		Teacher: <input style="width: 90%;" type="text"/>	
Member Lives With (check one):		Additional Phone Number: <input style="width: 90%;" type="text"/>			
<input type="checkbox"/> Both Parents		<input type="checkbox"/> Mother Only		<input type="checkbox"/> Father Only	
<input type="checkbox"/> Mother and Stepfather		<input type="checkbox"/> Father and Stepmother		<input type="checkbox"/> Grandparent(s)	
<input type="checkbox"/> Guardian(s)		<input type="checkbox"/> Other _____			
Mother's / Guardian's First Name: <input style="width: 90%;" type="text"/>		Mother's / Guardian's Last Name: <input style="width: 90%;" type="text"/>		Mother's / Guardian's Occupation: <input style="width: 90%;" type="text"/>	
Mother's / Guardian's Employer: <input style="width: 90%;" type="text"/>		Mother's / Guardian's Work Phone: <input style="width: 90%;" type="text"/>			
Father's / Guardian's First Name: <input style="width: 90%;" type="text"/>		Father's / Guardian's Last Name: <input style="width: 90%;" type="text"/>		Father's / Guardian's Occupation: <input style="width: 90%;" type="text"/>	
Father's / Guardian's Employer: <input style="width: 90%;" type="text"/>		Father's / Guardian's Work Phone: <input style="width: 90%;" type="text"/>			
Emergency Contact (Someone other than above listed parent or guardian): <input style="width: 90%;" type="text"/>		Emergency Phone: <input style="width: 90%;" type="text"/>			
Has your child been a member of the Boys & Girls Clubs previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Years: <input style="width: 90%;" type="text"/>		Which Club: <input style="width: 90%;" type="text"/>	
Please list any medications your child is taking and list any medical problems, allergies, or conditions we need to be aware of (continue on back if necessary): <input style="width: 90%;" type="text"/>					
* The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.					
Annual Household Income (check one):					
<input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> \$15,000-\$19,999 <input type="checkbox"/> \$20,000-\$24,999 <input type="checkbox"/> \$25,000-\$29,999 <input type="checkbox"/> \$30,000-\$34,999 <input type="checkbox"/> \$35,000 or above					
Please Check All Programs That Apply to Your Family or Child:					
<input type="checkbox"/> TANF <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch Program <input type="checkbox"/> Veterans Compensation					
CONSENT TO SHARE INFORMATION – By signing this form I authorize the Boys & Girls Clubs of Wayne County to exchange confidential information and work together with partner agencies in providing services for Club members participating in BGCWC programs including the 21 st Century Community Learning Centers Program. This information will be used for required grant reporting to assess program progress and to develop educational profiles of your child. I understand that personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.					
PHOTO RELEASE – I give my consent for my child to participate in Club surveys and to be photographed for recognition and/or Club promotional purposes.					
LIABILITY WAIVER – I agree that the Boys & Girls Clubs of Wayne County will not be responsible for any accident to my son/daughter while on the Club premises or while engaged in any of its activities away from the Club. I acknowledge that I have received the Parent's Informational Brochure and agree to abide by the rules and regulations as explained in it.					
Parent/Guardian Signature: _____		Date: _____		Club Member Signature: _____	
Please Print Parent/Guardian Name: _____					