

# Findlay YMCA

## Open Doors Program

*Our YMCA program that makes the YMCA and services accessible to everyone.*



Findlay Downtown YMCA  
300 E Lincoln Street  
419-422-4424  
[www.findlayymca.org](http://www.findlayymca.org)



Findlay East Branch YMCA  
1400 Manor Hill  
419-422-9922  
[www.findlayymca.org](http://www.findlayymca.org)

Findlay Family YMCA  
[www.findlayymca.org](http://www.findlayymca.org)

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Findlay YMCA

## OPEN DOORS PROGRAM

The Findlay YMCA is a 501-C3, not for profit organization committed to building the foundations of our community by providing programs that promote Christian values and enhance the quality of life for all people.

This program is funded through the generosity of those philanthropic donors who contribute to the YMCA's Annual Support Campaign and to the United Way of Hancock County.

The YMCA provides scholarship assistance for both Membership and Program services. Applicants who are applying for help with Childcare fees MUST show that they have first made application to the Ohio Department of Job and Family Services before making application to the YMCA.

To properly administer these funds the Findlay YMCA requires all participants to fill out the application completely and provide all necessary documentation requested. All information is confidential.  
**A new application and updated information will be required annually.**

### **NO APPLICATION WILL BE CONSIDERED UNLESS COPIES OF THE FOLLOWING DOCUMENTATION ARE ATTACHED**

- I A fully completed OPEN DOORS APPLICATION
- I Two most recent pay stubs if working
- I A copy of your most recent W-2 form
- I A copy of your most recent tax return, including the signature page.
- I Documentation to support all information in Questions #8
- I Attach your completed and signed YMCA Membership Application with this request

Financial assistance is provided on a sliding scale basis based upon household size and income. Individuals who participate in this program will be expected to pay a portion of their program or membership fees.

***PLEASE ALLOW 5-7 WORKING DAYS FOR YOUR APPLICATION TO BE PROCESSED.  
A letter will be mailed to the address you provide with your assistance details.***

If you have any questions about the program or application, please contact the front desk at the Downtown Y at (419) 422-4424 or at the East branch at (419) 422-9922.





# Findlay Family YMCA Open Doors Application

1. Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

2. I am:   \_\_\_Single and living alone   \_\_\_Married   \_\_\_Separated   \_\_\_Divorced  
           \_\_\_Living with family or friends who pay for my :   **(Check all that apply)**  
           \_\_\_ Shelter \_\_\_Food \_\_\_Other needs

3. I can afford to pay \$\_\_\_\_\_ each year or \$\_\_\_\_\_monthly via bank draft.  
 (The YMCA **is not able** provide 100% assistance, so please **DO NOT LEAVE THIS SPACE BLANK.**)

4. List the ages of your children **living with you at home**: \_\_\_\_\_

5. Have you received financial assistance from the YMCA in the last year? YES : Year?\_\_\_\_\_ NO

6. List all working members of the household below. Print the names of their employer, and the number of hours worked each week.

Name	Employer	Hours worked/week	Hourly Wage or Gross Annual Salary

7. If unemployed: For how long? \_\_\_\_\_ Have you applied for unemployment benefits? YES NO

8. If you receive financial assistance from any of the sources listed below, indicate the amount you receive each month and **you must provide copies of documents to support your information.**

Unemployment Benefits	\$	Food Stamps	\$
Government Assistance for Housing	\$	Child or Spousal Support	\$
Disability or Social Security	\$	Worker's Compensation	\$
Aid for Dependent Children	\$	Pension / Investment Dividends/other	\$

9. Indicate the type of membership you are requesting and be sure to include with this application completed membership application form.

\_\_\_\_\_ Jr Youth (ages 7-12)

\_\_\_\_\_ Sr. Youth (ages 13 – 18)

\_\_\_\_\_ Adult (Single adult over 18 years of age)

\_\_\_\_\_ Single Parent Family (Single or legally divorced with children)

\_\_\_\_\_ Family (**Legally married** – includes parents and children under 19 years of age)

**(PLEASE DO NOT** apply for family membership unless you are legally married. Applicants who are not married but live together and share living expenses, should submit two separate applications for assistance.)

**I certify that all the information I've provided is true at the time of application and that changes must be reported to the YMCA within a week if circumstances change. I also understand that the YMCA may discontinue assistance and deny future assistance if I fail to make my share of membership/program payments.**

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**Signature of parent/guardian or adult applicant**

**Date**

**Please return completed application with a completed membership application to:**

**Findlay Family YMCA  
c/o Open Doors  
300 E Lincoln St  
Findlay, OH 45840  
(419) 422-4424**



# The Findlay Y

Please select one:

Monthly

Annual

*A voided check or copy of savings information is required with any monthly draft membership.*

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<b>Gender</b>	<b>Date of Birth</b>	<b>Marital Status</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Cell Phone</b>	
<b>Email</b>		
<b>Employer</b>		
<b>Emergency Contact</b>		<b>Emergency Phone</b>
<b>Spouse First Name or Parent, if youth membership</b>		<b>Last Name</b>
<b>Spouse Date of Birth</b>	<b>Spouse Phone</b>	
<b>Children's Name</b>	<b>Gender</b>	<b>Date of Birth</b>
2.		
3.		
4.		
5.		
6.		

Would you like to make a donation to our Annual Campaign to help out a family or youth in our community?

Yes, please bill me for \$\_\_\_\_\_  Yes, please add \$\_\_\_ to my draft for one year

No, not at this time

Areas of Interest (please check all that apply)

Aerobic

Aquatics

Camp

Child Care

Family Programs

Senior Programs

Sports

Teen Activities

Volunteering

Other: \_\_\_\_\_



# The Findlay Y

As a member I hereby release the YMCA, its staff and board members from all claims whatsoever arising or growing out of participating by myself and my family in this facility and its programs. I attest and verify that I have full knowledge of the risks involved while in the YMCA and its programs.

I understand that any photos taken of my participation in the YMCA daily or special events or activities may be used in publications and promotion of the YMCA.

Believing in the principles of the YMCA and understanding it to be a world wide association of members seeking to promote the building of Christian character, I hereby apply for membership in the Findlay Family YMCA and agree to abide by all the rules and regulations established by the YMCA volunteers and staff.

I understand that the Fitness Equipment Investment Fee must be paid in full when I sign up for a membership and is non-refundable under any circumstance. If my membership expires for 30 days or more I will be required to pay the FEIF again.

I understand that all annual membership to the Findlay Family YMCA are nonrefundable.

I understand that if I pay my membership fees monthly out of a checking or savings account, that it is a continuous membership plan and will be in effect until cancelled in writing. I understand that members who join and pay by draft must agree to give 30 days notice of termination, in writing, to the YMCA in order to end their draft membership.

The YMCA board may, at its discretion, adjust the monthly rate application to my membership category. I understand that I will receive prior notice. I understand that should any membership deduction not be honored by my bank for any reasons, I am still responsible for the payment, plus a service charge will be applied by the YMCA. If the YMCA is unable to collect your monthly membership fee, an outside vendor will collect the fee plus a service charge.

By signing below, I understand the terms and agreements. If doing a monthly bank draft, I authorize the Findlay YMCA to deduct my membership fees from my checking or savings account until a 30 day written notice is given.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If the bank account holder is not the primary member on the membership, we require their signature as well.)

Bank Account Holder Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
(If different from the primary member)

<b>For Office Use Only</b>	<b>Member Unit #:</b>
<b>Date:</b>	<b>Membership Type:</b>
<b>Today's Payment Amount:</b>	<b>Staff Initials:</b>
<b>Date of First Draft (if monthly):</b>	<b>Monthly Payment:</b>

<b>RENEWAL SECTION FOR ANNUALS (IF ALL INFORMATION REMAINS THE SAME)</b>			
<b>Date</b>	<b>Membership Type</b>	<b>Amount Paid</b>	<b>Staff Initials</b>