

THE SALVATION ARMY BOYS & GIRLS CLUB OF CENTRAL VIRGINIA

MEMBERSHIP APPLICATION – 2019-2020

Any confidential information requested is for our records and for the funding The Salvation Army Boys & Girls Club receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (*).

MEMBER INFORMATION

First Name*	Middle	Last Name*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Nickname	Birthdate	Last 4 digits of SSN
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value=" / /"/>	<input style="width: 95%;" type="text" value="XXX-XX-"/>

Gender*	Ethnicity:*
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Native American

School*	Grade*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Membership Type*	Referring Organization*
<input type="checkbox"/> After School <input type="checkbox"/> Outreach <input type="checkbox"/> Summer Camp	<input type="checkbox"/> School <input type="checkbox"/> VACCD Counseling <input type="checkbox"/> Other _____

Household Type*	Check All That Apply*
<input type="checkbox"/> Single-Parent Family <input type="checkbox"/> Two-Parent Family <input type="checkbox"/> Guardian	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> General Assistance <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> School Lunch <input type="checkbox"/> Can Swim

Member Medical Information (Please Print)

Insurance Company:	Medications:	Medical Conditions/Allergies:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Insurance Policy Number:		
<input style="width: 95%;" type="text"/>		

Physician:	Physician Phone:	Disabilities:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Hospital:	Hospital Phone:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

PLEASE READ BEFORE SIGNING

I have read the completed application, understand the rules of The Salvation Army BGC of Central Virginia and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that The Salvation Army BGC of Central Virginia will not be responsible for any accident to my son/daughter while on The Salvation Army BGC of Central Virginia premises or while engaged in any of its activities away from The Salvation Army BGC of Central Virginia. I give my consent for photographs and video, in which my son/daughter may appear, to be used in any way The Salvation Army B&G of Central Virginia may care to use them.

Parent/Guardian Signature

Member Signature

Date

HOUSEHOLD INFORMATION

Head of Household First Name*

Last Name*

Gender*

 FEMALE MALE

Household Income*

\$9,000 and below
 \$9,001-\$12,000
 \$12,001-\$15,000
 \$15,001-\$19,000
 \$19,001-\$23,000
 \$23,001-\$28,000
 \$28,001-\$32,700
 \$32,701-\$37,500
 \$37,501-\$42,000
 \$42,001 and above

Address*

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Home Work

Phone Number*

Phone Type*

Home Work Cell

Home Work Cell

Family Size*

Email Address*

Military Branch

Can Pick Child Up*

YES NO

Would You be Interested in Joining a Parents Council?

YES NO

Military Status

Partner/Spouse First Name*

Last Name*

Phone Number*

Phone Type*

Home Work Cell

Gender*

FEMALE MALE

Email Address*

Can Pick Child Up*

YES NO

PICK UP INFORMATION (other than parents/guardians above)

1) First Name*

Last Name*

Relationship*

Relative Friend
 Acquaintance

Phone Number*

Phone Type*

Home Work Cell

Can Child Walk Home?*

YES NO MUST CALL

Primary Emergency Contact Emergency Contact Lives with Member

2) First Name*

Last Name*

Relationship*

Relative Friend
 Acquaintance

Phone Number*

Phone Type*

Home Work Cell

Field Trips?*

Has Permission
 Does **NOT** Have Permission

Primary Emergency Contact Emergency Contact Lives with Member