

MEMBERSHIP APPLICATION



BOYS & GIRLS CLUBS OF THE HIGH ROCKIES

OUR MISSION

*To enable all young people, especially those who need us most,
to reach their full potential as productive, caring, responsible citizens.*

CORE BELIEFS

A Boys & Girls Club Provides:

A safe and fun place to learn and grow...

Ongoing relationships with caring, adult professionals...

Life-enhancing programs and character development experiences...

Hope and opportunity.



APPLICATION FOR MEMBERSHIP

FAMILY INFORMATION

Mailing Address: _____ City: _____ State: _____ Zip: _____

*Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) ____ - _____

Mother or Guardian's Name: _____ Cell Phone: _____

Email: _____ Employer: _____

Employer Address: _____ Work Phone: _____ ext. #: _____

Father or Guardian's Name: _____ Cell Phone: _____

Email: _____ Employer: _____

Employer Address: _____ Work Phone: _____ ext. #: _____

Instructions for reaching parents (i.e. preferred phone numbers for certain times, who to contact first):

Is any parent Active Military? _____ Yes _____ No If yes, who? _____

Family Setting: Please indicate all the adults with whom the member lives at their primary residence. If the member lives in more than one household, consider the household where s/he spends the most time. If custody is shared 50/50, please select 50/50 custody along with the makeup of YOUR household (check all that apply):

- Mother Only • Father Only • Foster Care • 1 Parent/1 Step • 2 Parent Family • Grandparents
- 50/50 custody • Other _____ (please describe)

EMERGENCY CONTACTS

Provide at least two emergency contacts, **other than parents/guardians**, to whom you give permission to pick up your child in case of emergency or late pick up.

1. Name: _____ Cell Phone: _____

Address: _____

Work Phone: _____ Relationship to child: _____

2. Name: _____ Cell Phone: _____

Address: _____

Work Phone: _____ Relationship to child: _____

CONFIDENTIAL INFORMATION

The following information is necessary for the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary for our funding.

1. Annual Household Income (Total income for everyone in the household before deductions):
 - \$0 - \$14,999K • \$15K - \$24,999K • \$25K - \$34,999K • \$35K - \$49,999K • \$50K - \$74,999K • Over \$75K
2. Number of Family Members in the Household: _____
3. Please check any/all assistance that your household receives (Check **NONE** if applicable):
 - NONE • SSDI • SSI • TANF • Food Stamps (SNAP) • General Assistance
 - Free or Reduced School Lunch • Veteran Compensation • Day Care Voucher (CCAP)
4. Please list any people (if any) who are **unauthorized** to pick up your child:

5. Please provide any other information you would like us to know about your child or family:

6. Please select any ways you or your family may be interested in volunteering at the Club:
 - Administrative • Board Member • Chaperoning • Cleaning • Cooking • Homework / Reading Help
 - Maintenance or Repair • Special Events • Other _____ (please describe)
7. Is the member a US Citizen or legal resident? • Yes • No