



PITTSBURG FAMILY YMCA  
Change Request

For Internal use only:  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
FundTime ID: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

I recognize that membership fees are nonrefundable and that all agreements and releases from my original membership application still apply.

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CHANGE NAME/ADDRESS

New Name/Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing/City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

CHANGE MEMBERSHIP TYPE

PREVIOUS TYPE:  Youth  Young Adult  Adult  Family  College

Senior  Senior Couple  Military  Staff  Payroll Deduct

NEW TYPE:  Youth  Young Adult  Adult  Family  College  Senior  Senior Couple  Military  Staff

Payroll Deduct  Silver Sneakers

ADD/DELETE HOUSEHOLD MEMBERS

Add  Delete

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F Relationship: \_\_\_\_\_

Add  Delete

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F Relationship: \_\_\_\_\_

Add  Delete

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F Relationship: \_\_\_\_\_

Add  Delete

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F Relationship: \_\_\_\_\_

CHANGE PAYMENT METHOD

PREVIOUS METHOD:  1 Year  Bank Draft  Credit Card Draft  Payroll Deduct

NEW METHOD:  1 Year  Bank Draft  Credit Card Draft  Payroll Deduct

Please flip form over for more options ▶

CHANGE MONTHLY DRAFT INFORMATION

<p><b>MONTHLY BANK DRAFT</b></p> <p>Name on bank account _____</p> <p>Name of bank _____</p> <p style="text-align: center;">(ATTACH A VOIDED CHECK TO THIS FORM)</p> <p>Routing # _____</p> <p>Account # _____</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings      Choose Draft Date: <input type="checkbox"/> 10<sup>th</sup></p> <p>Draft Amount \$ _____ First Draft Date _____</p>	<p><b>MONTHLY CREDIT CARD DRAFT</b></p> <p>Name on card _____</p> <p>Card type _____</p> <p>Card number _____</p> <p>Expiration Date _____ Security Code _____</p> <p>Choose Draft Date: <input type="checkbox"/> 10<sup>th</sup></p> <p>Draft Amount \$ _____ First Draft Date _____</p>
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**AUTHORIZATION TO DRAW ACH DEBITS OR DRAFTS FOR MEMBERSHIP PAYMENTS**

I have given authority to the above bank or credit card company to honor all preauthorized ACH drafts on my account for membership payments and/or contribution payments as indicated above. It is understood that your sending of a preauthorized ACH draft as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank or credit card company honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank or credit card company when received by them, it is understood that the payment is to be made by the member whose signature appears below in the amount of said payment and service fee. It is understood that the Pittsburgh Family YMCA reserves the right to increase membership rates with proper notification. This is an ongoing membership with no contract. It is understood that to terminate said membership payments or change bank information, I will give the Pittsburgh Family YMCA written notification by the 1<sup>st</sup> of the month prior to my draft date.

The Pittsburgh Family YMCA will assess a \$5.00 service fee for any drafts returned from the above bank or credit card company. The member has 30 days to pay the balance of the draft and service fee or the membership will be terminated.

Member Signature \_\_\_\_\_

Date / / \_\_\_\_\_

CHANGE TO SILVER SNEAKERS ADULT MEMBERSHIP

This option is only available for Senior Adult memberships, not Senior Couple or Senior Family. Silver Sneakers coverage is individual. Your coverage does not apply to your spouse.

I hereby wish to transfer my existing self-paid membership to utilize my Silver Sneakers benefit. I understand that Silver Sneakers membership is reimbursed by my insurance for a single adult senior membership that is identified through the Silver Sneakers #ID. I understand that the insurance reimbursement program is dependent on my participation and tracked by my visit history. To help support this program, I will do my best to utilize the Pittsburgh Family YMCA on a regular basis.

Signature \_\_\_\_\_

Date / / \_\_\_\_\_

Silver Sneakers ID Number \_\_\_\_\_

Date of Birth / / \_\_\_\_\_

**COMMENTS**

DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/



FOR YOUTH DEVELOPMENT<sup>®</sup>  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## JOIN THE FAMILY

Application for Employment  
 PITTSBURG FAMILY YMCA

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Pittsburg Family YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

**To help us learn about your experience, abilities and interests, please complete this application for employment as thoroughly as possible. Please print clearly or type.**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No

Are you 18 years of age or older?  Yes  No

Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (A conviction will not necessarily disqualify you.)  Yes  No

If yes, please explain \_\_\_\_\_

Type of position desired \_\_\_\_\_  F/T  P/T

Have you ever applied with the Pittsburg Family YMCA before?  Yes  No

Have you ever been employed by the Pittsburg Family YMCA before?  Yes  No

If yes, when and what position? \_\_\_\_\_

How were you referred to the Pittsburg Family YMCA? \_\_\_\_\_

Please list days and hours available to work below.

SUN	MON	TUES	WED	THURS	FRI	SAT

Are you currently employed?

Yes  No

If yes, may we contact your current employer?

Yes  No

Please list education and training below.

	School Name	Location	Course/Degree	Graduate? (Yes/No)
Elementary School				
High School				
College				
Graduate School				
Trade or Tech School				

Please list any additional education, vocational and/or professional training you have received that is relevant to the position for which you are applying.

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List present and past employment below, beginning with your most recent employer.

Company Name \_\_\_\_\_ Position \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employed from / / to / / Final earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Position \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employed from / / to / / Final earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Position \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employed from / / to / / Final earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Position \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employed from / / to / / Final earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Please list three (3) references (not former employers or relatives).

Name	Location	Phone	Occupation

Please read and initial the following:

Initial Here

I understand that this application is only valid for the position applied for at present and that the Pittsburg Family YMCA is not obligated to retain or consider this application for future openings.

Initial Here

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Pittsburg Family YMCA to secure information about my experience with former employers, education institution and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial Here

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Pittsburg Family YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial Here

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Pittsburg Family YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment.

Initial Here

I agree to submit to legally permissible background checks upon request by the Pittsburg Family YMCA. I recognize that the results of these checks may be used to determine my employment or continued employment.

My signature below certifies that I have read and understand the foregoing and that to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Ap

on Date

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for the company's financial health and for providing transparency to stakeholders. The text notes that without proper record-keeping, it would be difficult to track expenses and revenues, which could lead to significant financial discrepancies.

2. The second part of the document outlines the specific procedures for recording transactions. It details the steps involved in entering data into the accounting system, including the use of standardized codes and descriptions. The document stresses the need for consistency and accuracy in these entries to ensure the reliability of the financial statements.

3. The third part of the document addresses the issue of reconciling accounts. It explains how regular reconciliations are necessary to identify and correct any errors or omissions in the records. The text provides guidance on how to perform these reconciliations and how to handle any discrepancies that may arise.

4. The fourth part of the document discusses the role of internal controls in ensuring the integrity of the financial records. It highlights the importance of having a strong internal control system in place to prevent fraud and to ensure that all transactions are properly authorized and recorded. The document provides examples of effective internal controls and discusses how they can be implemented in the company's operations.

5. The fifth part of the document concludes by summarizing the key points discussed and reiterating the importance of maintaining accurate records. It encourages all employees to take responsibility for their part in ensuring the accuracy and integrity of the company's financial data.