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

MONTHLY BANK DRAFT	MONTHLY CREDIT CARD DRAFT
Name on bank account _____	Name on card _____
Name of bank _____	Card type _____
(ATTACH A VOIDED CHECK TO THIS FORM)	Card number _____
Routing # _____	Expiration Date _____ Security Code _____
Account # _____	
☐ Checking ☐ Savings Choose Draft Date: ☐ 10th	Choose Draft Date: ☐ 10th
Draft Amount $ _____ First Draft Date	Draft Amount $ _____ First Draft Date

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 Pittsburg 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 Pittsburg Family YMCA written notification by the 1st of the month prior to my draft date.

The Pittsburg 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 Pittsburg Family YMCA on a regular basis.

Signature _____ Date / /

Silver Sneakers ID Number - - - Date of Birth / /

COMMENTS	DATE
	/ /
	/ /
	/ /
	/ /

the YMCA

FOR YOUTH DEVELOPMENT®
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? ☐ Yes ☐ No
(A conviction will not necessarily disqualify you.)
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.

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 ›n Date