





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Findlay Family YMCA FOSTERING COMMUNITY

- NEW Fostering Community Applicant
- RENEWING Fostering Community Applicant

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

2. I am:    \_\_\_ Single        \_\_\_ Married

3. List your foster children and their ages.

Name	Age

4. Indicate the type of membership you are requesting and be sure to include with this application a completed Membership Application form. If you are a parent(s) with children in the home and you wish to ONLY have your children participate in YMCA activities, you may request youth memberships for each child over the age of ten rather than a family membership plan.

- \_\_\_ Youth (ages 10 -18)  
 \_\_\_ Young Adult (ages 19 – 26)  
 \_\_\_ Adult (Single adult 27+ years of age)  
 \_\_\_ Single Parent Family (Single or legally divorced with children)  
 \_\_\_ Family Household (Two adults and all children living in the household, providing they are under 26 years of age.)

**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, or neglect to respond to surveys.**

\_\_\_\_\_  
**Signature of parent/guardian or adult applicant** \_\_\_\_\_  
**Date**

2/2021