



ARMED SERVICES YMCA

MILITARY OUTREACH INITIATIVE APPLICATION YMCA ATTENDANCE WAIVER APPLICATION

THIS APPLICATION IS FOR ATTENDANCE WAIVERS AT YMCA LOCATIONS ONLY

IF YOU HAVE NOT MEET THE 8 CALENDAR DAY PER MONTH ATTENDANCE REQUIREMENT OF THE MILITARY OUTREACH INITIATIVE PROGRAM, PLEASE COMPLETE THIS APPLICATION COMPLETELY FOR ATTENDANCE WAIVER CONSIDERATION.

SPECIAL NOTIFICATION:

COMPLETION OF THIS ATTENDANCE WAIVER APPLICATION DOES NOT CONSTITUTE REINSTATEMENT IN THE MILITARY OUTREACH INITIATIVE.

ALL ATTENDANCE WAIVER REQUESTS MUST BE APPROVED THROUGH THE ARMED SERVICES YMCA NATIONAL HEADQUARTERS IN ORDER TO RECEIVE REIMBURSEMENT.

COMMANDING OFFICERS OF UNITS, OFFICERS IN CHARGE OF UNITS, AND YMCA REPRESENTATIVES CANNOT APPROVE ATTENDANCE WAIVERS.

INSTRUCTIONS:

ARMED SERVICES YMCA NATIONAL HEADQUARTERS CONTACT INFORMATION:

EMAIL: DODYMCA@ASYMCA.ORG (PREFERRED)

PHONE: 571-932-3200

MAIL: ARMED SERVICES YMCA NATIONAL HEADQUARTERS

ATTN: DOD CONTRACT

14040 CENTRAL LOOP SUITE B, WOODBRIDGE VA 22193

FOR MORE INFORMATION, PLEASE VISIT THE ARMED SERVICES YMCA WEBSITE:

WWW.ASYMCA.ORG/MOI

ATTENDANCE WAIVER REQUESTS:

MILITARY PERSONNEL/FAMILIES-

STEP 1: DETERMINE RENEWAL ELIGIBILITY

STEP 2: COMPLETE (A NEW) "SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM ON PAGE 6

STEP 3: INDEPENDENT DUTY PERSONNEL CATEGORY ONLY: ATTACH ORIGINAL APPROVED UNIT REQUEST FOR IDP (TEMPLATE PAGES 7-8)

STEP 4: OBTAIN AND ATTACH AN ATTENDANCE WAIVER COMMAND MEMORANDUM OR YMCA EXPLANATION LETTER (TEMPLATE PAGE 5)

STEP 5: TURN IN APPLICATION TO LOCAL YMCA MEMBERSHIP SERVICES

LOCAL YMCA MEMBERSHIP SERVICE-

STEP 1: COMPLETE (A NEW) "LOCAL YMCA FORM 1: ELIGIBILITY FORM" ON PAGE 9

STEP 2: COMPLETE (A NEW) "LOCAL YMCA FORM 2: REIMBURSEMENT INVOICE" ON PAGE 10

STEP 3: ATTACH 6 MONTH ATTENDANCE RECORD FROM PREVIOUS MEMBERSHIP

STEP 4: TURN IN APPLICATION TO THE ARMED SERVICES YMCA NATIONAL HEADQUARTERS VIA EMAIL OR MAIL (EMAIL PREFERRED)

**ALL PAPERWORK MUST BE SUBMITTED FOR
CONSIDERATION.
INCOMPLETE WAIVER REQUESTS WILL BE
AUTOMATICALLY DENIED.**

PAPERWORK REQUIREMENTS:

SUBMIT ALL REQUIRED PAPERWORK – NO EXCEPTIONS

SPECIAL NOTE: ATTENDANCE WAIVER PAPERWORK REQUIREMENTS:
 To meet the requirements for the IDP Category service members must complete the Unit Request for Independent Duty Personnel Form obtaining both authorization signatures
 1. Signature 1: Commanding Officer or Officer in Charge of the member's unit
 2. Signature 2: Service Branch Point of Contact via email (Page 9)
Correct completion of the IDP form is the service member's complete responsibility.
Failure to complete the IDP form correctly will delay the start of the membership.

		CATEGORY			
		DEPLOYED GUARD/RESERVE	RELOCATED SPOUSE	INDEPENDENT DUTY PERSONNEL	WARRIOR TRANSITION UNIT
SERVICE MEMBER/ FAMILY	SERVICE MEMBER/FAMILY ITEM 1 ELIGIBILITY FORM	✓	✓	✓	✓
	SERVICE MEMBER/FAMILY ITEM 2 UNIT REQUEST FOR IDP *COPY OF ORIGINAL*			✓	
	SERVICE MEMBER/FAMILY ITEM 3 ATTENDANCE WAIVER COMMAND MEMORANDUM OR YMCA EXPLANATION LETTER	✓	✓	✓	✓
LOCAL YMCA	LOCAL YMCA ITEM 1 ELIGIBILITY FORM	✓	✓	✓	✓
	LOCAL YMCA ITEM 2 REIMBURSEMENT INVOICE	✓	✓	✓	✓
	LOCAL YMCA ITEM 3 6 MONTH ATTENDANCE RECORDS	✓	✓	✓	✓

**MILITARY OUTREACH INITIATIVE
YMCA MEMBERSHIPS ONLY**

ATTENDANCE REQUIREMENT:

MEMBERS/FAMILIES USING THE MILITARY OUTREACH INITIATIVE PROGRAM MUST MAINTAIN **AN 8 CALENDAR DAY VISIT PER MONTH** REQUIREMENT FOR THE DURATION OF THE 6 MONTH MEMBERSHIP IN ORDER TO BE CONSIDERED FOR RENEWAL.

ACCEPTABLE FORMS OF ATTENDANCE:

FACILITY USE AND PROGRAM PARTICIPATION ATTENDANCE REPORTS CAN BE ELECTRONICALLY GENERATED FROM THE FACILITY'S EXISTING SOFTWARE SYSTEM. IF YOUR FACILITY DOES NOT HAVE SOFTWARE CAPABILITY, STAFF CAN CREATE A MANUAL LOG WITH THE MEMBER'S PRINTED NAME, SIGNATURE, AND DATE OF VISIT.

HOW TO COUNT ATTENDANCE:

VISITATION IS COUNTED BY CALENDAR DAY ONLY. A VISIT IS DEFINED AS THE SERVICE MEMBER (OR MEMBER OF THE SERVICE MEMBER'S FAMILY) COMING TO THE FACILITY TO PARTICIPATE IN ANY YOUTH OR ADULT ACTIVITY THAT CAN BE TRACKED MANUALLY OR ELECTRONICALLY IN ONE CALENDAR DAY. IF THE MEMBER RETURNS IN THE SAME DAY, ALL VISITS IN THAT DAY ARE COUNTED ONLY ONCE. MULTIPLE SWIPES BY FAMILY MEMBERS IN THE SAME DAY CONSTITUTE ONE VISIT FOR ONE DAY.

MULTIPLE SWIPES FROM THE SAME MEMBER ON THE SAME DAY COUNT AS 1 VISIT.

JOHN SMITH	JANUARY 1, 2018
JOHN SMITH	JANUARY 1, 2018
JOHN SMITH	JANUARY 1, 2018

FAMILY MEMBERS VISITING ON THE SAME DAY COUNT AS 1 VISIT.

JOHN SMITH	JANUARY 1, 2018
PETER SMITH	JANUARY 1, 2018
ALLY SMITH	JANUARY 1, 2018

ATTENDANCE RECORDS AND REQUIREMENTS:

COMMAND MEMORANDUM EXAMPLES:

ATTENDANCE WAIVER LETTERS MUST INCLUDE REASONING FOR ALL MEMBERS ON THE MEMBERSHIP (SPOUSE/CHILD DEPENDENTS INCLUDED).

ATTENDANCE WAIVER FORMAT

REASONING RELATED TO THE SERVICE MEMBER/ FAMILY

COMMAND LETTERHEAD

CURRENT DATE

MEMBER, RANK is currently assigned to **UNIT, ADDRESS** from **START DATE** to **END DATE**. This member failed to meet attendance requirements in the **MONTH(S), YEAR** at **YMCA LOCATION, ADDRESS**.

- In the **MONTH, YEAR (EXPLANATION)**
- In the **MONTH, YEAR (EXPLANATION)**
- In the **MONTH, YEAR (EXPLANATION)**

This member (and or family) has adjusted their schedule by **(ADJUSTMENT MADE)**, in order to maintain the 8 calendar days per month visit requirement in a renewal membership. Thank you for your consideration.

SIGNED, RANK, DATE

TITLE

UNIT

YMCA EXPLANATION FORMAT

FOR REASONING RELATED TO THE LOCAL YMCA BRANCH

YMCA LETTERHEAD

CURRENT DATE

MEMBER, RANK is currently utilizing the military outreach initiative at this **YMCA LOCATION**. Please excuse the member's (or family's) attendance due to **(EXPLANATION)**:

- In the **MONTH, YEAR (EXPLANATION)**
- In the **MONTH, YEAR (EXPLANATION)**
- In the **MONTH, YEAR (EXPLANATION)**

At our YMCA location, we have made the adjustments needed to allow this member (or family) to attend our YMCA 8 calendar days per month. Thank you for your consideration.

SIGNED, DATE

TITLE

YMCA NAME, ADDRESS

SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM

ALL SECTIONS MUST BE COMPLETED – NO EXCEPTIONS

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

SECTION 1: SPONSOR INFORMATION

- A) SPONSOR NAME (LAST, FIRST): _____
B) SPONSOR RANK (E1 – O10): _____
C) SPONSOR/FAMILY 10 DIGIT PHONE NUMBER: _____
D) SPONSOR/FAMILY EMAIL ADDRESS: _____

SECTION 2: CATEGORY/ELIGIBILITY INFORMATION

- A) DOD SERVICE BRANCH (SELECT ONE):
 ARMY AIR FORCE MARINE CORPS NAVY
- B) TITLE 10 STATUS (SELECT ONE):
 DEPLOYED GUARD/RESERVE RELOCATED SPOUSE INDEPENDENT DUTY PERSONNEL

ASYMCA Use: Deployed _____ Mobilized _____ IDP _____ Date _____
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- C) DUTY STATION (SELECT ONE):
 DEPLOYED GUARD/RESERVE AND RELOCATED SPOUSE (COMPLETE ITEM 1 BELOW)
1. COUNTRY OF DEPLOYMENT / MOBILIZATION OPERATION: _____
PLEASE INDICATE COUNTRY OF DEPLOYMENT OR MOBILIZATION OPERATION.
PLEASE PROVIDE A COMMAND MEMORANDUM IF INFORMATION CANNOT BE
RELEASED. (TEMPLATE PROVIDED ON PAGE 5 OF THIS APPLICATION.)
- INDEPENDENT DUTY PERSONNEL CATGORY (APPROVED UNIT REQUEST ATTACHED)

- D) PROJECTED DATE RANGE OF ASSIGNMENT (REQUIRED FOR ALL PROGRAM CATEGORIES):
START DATE: _____ END DATE: _____
MONTH / YEAR MONTH / YEAR

SECTION 3: DEPENDENT INFORMATION

- A) SPOUSE NAME (LAST, FIRST): _____
- B) CHILD NAME(S), AGE(S):
1. NAME: _____ AGE: _____
2. NAME: _____ AGE: _____
3. NAME: _____ AGE: _____
4. NAME: _____ AGE: _____

SECTION 4: MEMBER AUTHORIZATION SIGNATURE

1. I CERTIFY THAT I AM/MY SPOUSE IS CURRENTLY TITLE 10 AND IS ELIGIBLE FOR A YMCA MEMBERSHIP UNDER THE MILITARY OUTREACH INITIATIVE.
2. I HAVE READ AND UNDERSTAND THE ATTENDANCE REQUIREMENTS OF THE MILITARY OUTREACH INITIATIVE.

SIGNATURE OF SPONSOR OR SPOUSE: _____ **DATE:** _____

SERVICE MEMBER/FAMILY FORM 2: UNIT REQUEST FOR IDP

FAILURE TO FOLLOW INSTRUCTIONS WILL RESULT IN DELAYED/DENIED REQUESTS

NOTICE TO SERVICE MEMBERS: YOU ARE ENTIRELY RESPONSIBLE FOR THE FULL CORRECT COMPLETION OF THIS FORM.

NEW INSTRUCTIONS:

1. REVIEW NOTICE TO COMMAND
2. DETERMINE SERVICE BRANCH POINT OF CONTACT
3. COMPLETE COMMAND INFORMATION, YMCA INFORMATION, AND LIST PERSONNEL
4. OBTAIN COMMANDING OFFICER/OFFICER IN CHARGE SIGNATURE
5. OBTAIN SERVICE BRANCH POINT OF CONTACT SIGNATURE (VIA EMAIL)

RENEWAL INSTRUCTIONS:

1. ATTACH A COPY OF YOUR ORIGINAL APPROVED UNIT REQUEST FOR IDP
2. ATTACH A COMMAND MEMORANDUM STATING YOUR CONTINUED ELIGIBILITY FOR THIS PROGRAM (TEMPLATE PROVIDED ON PAGE 5)

NOTICE TO COMMAND:

FEDERAL DOD TITLE 10 ONLY:

IT IS THE COMMAND'S RESPONSIBILITY TO ENSURE ALL ELIGIBLE COMMAND MEMBERS ARE NOTIFIED ON THE FOLLOWING REQUIREMENTS FOR PARTICIPATION. FAILURE TO ADHERE TO THESE REQUIREMENTS WILL RESULT IN CANCELLATION/NON-RENEWAL OF YMCA MEMBERSHIP(S) AT THIS DUTY STATION OR FUTURE DUTY STATIONS. FAILURE BY THE COMMAND TO MAKE THIS REQUIREMENT KNOWN WILL NOT BE A BASIS FOR WAIVER CONSIDERATION AT THE TIME FOR RENEWAL.

1. MEMBERS ARE REQUIRED TO ATTEND THE YMCA FACILITY A **MINIMUM OF 8 CALENDAR DAYS** PER MONTH. IT IS THE SERVICE MEMBER'S RESPONSIBILITY TO ENSURE THEIR VISITS ARE ACCURATELY REGISTERED VIA CARD SWIPE, LOG BOOK, ETC.
2. THE UNIT REQUEST FOR IDP MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE RETURNED TO THE COMMAND. ALL APPLICABLE INFORMATION MUST BE INCLUDED. FAILURE TO DO SO WILL RESULT IN A DELAY IN PROCESSING THIS REQUEST

RENEWAL REQUIREMENT:

1. EACH SERVICE MEMBER MUST RESUBMIT AN ELIGIBILITY FORM AND THE ORIGINAL APPROVED UNIT REQUEST FOR IDP TO THE YMCA FACILITY.

SERVICE BRANCH POINT OF CONTACTS (AS OF OCTOBER 2017):

ARMY:

Army Recruiting Command:
usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil
Army- All Other IDP Requests:
usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil

MARINE CORPS:

Marine Forces Reserve:
rick.martinez1@usmc.mil
Marine Corps Recruiting Command:
gilbert.macias@marines.usmc.mil
Marine Corps- Other IDP Requests:
Susan.Jones@usmc-mccs.org

AIR FORCE:

Air Force- All IDP Approvals:
laron.collins@us.af.mil
aaron.smelser@us.af.mil

NAVY:

Navy- All IDP Approvals:
usnymca@navy.mil

MILITARY OUTREACH INITIATIVE
YMCA MEMBERSHIPS ONLY

COMMAND INFORMATION:

COMMAND/UNIT NAME: _____
COMMAND/UNIT STREET ADDRESS: _____
COMMAND/UNIT CITY, STATE, ZIP CODE: _____
DUTY ADDRESS: _____
DUTY CITY, STATE, ZIP CODE: _____
COMMAND UNIT/POC: _____
COMMAND UNIT/POC 10 DIGIT PHONE NUMBER: _____
COMMAND UNIT/POC EMAIL: _____

YMCA INFORMATION:

YMCA LOCATION NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____

RATE/RANK/FULL NAME OF EACH SERVICE MEMBER (ADD ADDITIONAL PAGES IF NECESSARY):

COMMANDING OFFICER / OFFICER IN CHARGE SIGNATURE:

I UNDERSTAND ONLY TITLE 10 PERSONNEL ARE ELIGIBLE AND CERTIFY THAT NO TITLE 32 PERSONNEL ARE INCLUDED IN THIS REQUEST. I CERTIFY THE ABOVE NAMED ACTIVE DUTY PERSONNEL ARE ASSIGNED TO THIS COMMAND AND WILL BE FOR A MINIMUM OF 6 MONTHS. THIS COMMAND DOES NOT PAY FOR FITNESS MEMBERSHIPS FOR OUR PERSONNEL AND THIS COMMAND DOES NOT HAVE ACCESS TO A FREE FITNESS FACILITY AT OR NEAR THIS LOCATION. I UNDERSTAND THAT EACH MEMBER MUST ATTEND THE YMCA 8 CALENDAR DAYS PER MONTH IN ORDER TO BE ELIGIBLE FOR RENEWAL IN 6 MONTHS OR FOR REINSTATEMENT AT A FOLLOW ON COMMAND, IF APPLICABLE.

SIGNATURE AND DATE: _____
PRINTED NAME/RANK: _____
TITLE: _____
EMAIL: _____

SERVICE BRANCH POINT OF CONTACT SIGNATURE:

SIGNATURE/DATE: _____
APPROVED BY

LOCAL YMCA FORM 2: REIMBURSEMENT INVOICE

Maximum fee of **\$70/month** for family memberships or **\$50/month** for single adult memberships

Family Member = Service Member and/or Spouse + Children OR Service Member + Spouse
Single Adult Membership = Service Member Alone

TODAY'S DATE: _____	CONTRACT NUMBER: <u>HDQMWR-08-C-0046</u>
PREPARER'S NAME & TITLE _____	CEO/ED REVIEWED AND APPROVED _____

ATTENDANCE WAIVER RENEWAL MEMBERSHIP

FAMILY MEMBERSHIPS	NUMBER OF MEMBERSHIPS	NUMBER OF CHILDREN (ASYMCA USE)	X	MONTHLY RATE	X 6 MONTHS	=	SUBTOTAL
DEPLOYED GUARD/RESERVE			X	\$	X 6 MONTHS	=	\$
RELOCATED SPOUSE			X	\$	X 6 MONTHS	=	\$
INDEPENDENT DUTY PERSONNEL			X	\$	X 6 MONTHS	=	\$
SINGLE ADULT MEMBERSHIPS	NUMBER OF MEMBERSHIPS	NUMBER OF CHILDREN (ASYMCA USE)	X	MONTHLY RATE	X 6 MONTHS	=	SUBTOTAL
INDEPENDENT DUTY PERSONNEL			X	\$	X 6 MONTHS	=	\$
TOTAL REIMBURSEMENT:							\$

FOUR DIGIT ASSOCIATION NUMBER _____

YMCA NAME _____

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

VENDOR ID (ASYMCA USE) _____

ARMED SERVICES YMCA NATIONAL HEADQUARTERS INTERNAL USE:	
BY SERVICE BRANCH	LAST NAMES/COUNT