



ARMED SERVICES YMCA

MILITARY OUTREACH INITIATIVE APPLICATION PRIVATE FITNESS ATTENDANCE WAIVER APPLICATION

THIS APPLICATION IS FOR ATTENDANCE WAIVERS AT PRIVATE FITNESS LOCATIONS ONLY

IF YOU HAVE NOT MET 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 FITNESS FACILITY REPRESENTATIVES CANNOT APPROVE ATTENDANCE WAIVERS.

INSTRUCTIONS:

ARMED SERVICES YMCA NATIONAL HEADQUARTERS CONTACT INFORMATION:

EMAIL: DODPF@ASYMCA.ORG (PREFERRED)

PHONE: 571-932-3206

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

WWW.ASYMCA.ORG/MOI

ATTENDANCE WAIVER REQUESTS:

MILITARY PERSONNEL-

STEP 1: DETERMINE RENEWAL ELIGIBILITY AND ATTACH ORIGINAL APPROVED UNIT REQUEST FOR IDP (TEMPLATE PAGE 7 OR PREVIOUS VERSIONS)

STEP 2: COMPLETE NEW IDP WITH UPDATED APPROVAL SIGNATURES TO ACCOMPANY THE ORIGINAL IDP (TEMPLATE PAGE 7)

STEP 3: OBTAIN AND ATTACH AN ATTENDANCE WAIVER COMMAND MEMORANDUM (TEMPLATE PAGE 5)

STEP 4: OBTAIN AND ATTACH ATTENDANCE RECORDS FOR LAST MEMBERSHIP PERIOD

STEP 5: TURN IN APPLICATION – SPECIFIC DIRECTIONS PROVIDED BELOW:

ARMY RECRUITING COMMAND:	EMAIL ATTENDANCE WAIVER REQUEST TO usarmy.knox.usarec.mbx.q1-ymca-fitness@mail.mil
ARMY – ALL OTHER REQUESTS:	EMAIL ATTENDANCE WAIVER REQUEST TO dodpf@asymca.org
AIR FORCE – ALL IDP APPROVALS:	EMAIL ATTENDANCE WAIVER REQUEST TO dodpf@asymca.org
MARINE CORPS – ALL IDP APPROVALS:	EMAIL ATTENDANCE WAIVER REQUEST TO dodpf@asymca.org
NAVY – ALL IDP APPROVALS:	EMAIL ATTENDANCE WAIVER REQUEST TO dodpf@asymca.org

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

**MILITARY OUTREACH INITIATIVE
PRIVATE FITNESS MEMBERSHIPS ONLY**

PAPERWORK REQUIREMENTS:

SUBMIT ALL REQUIRED PAPERWORK – NO EXCEPTIONS

SPECIAL NOTICE FOR INDEPENDENT DUTY PERSONNEL CATEGORY

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 6)

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.

		INDEPENDENT DUTY PERSONNEL
SERVICE MEMBER	SERVICE MEMBER ITEM 1 UNIT REQUEST FOR IDP *COPY OF ORIGINAL*	✓
	SERVICE MEMBER ITEM 2 ATTENDANCE WAIVER COMMAND MEMORANDUM	✓
	SERVICE MEMBER ITEM 3 ATTENDANCE RECORDS	✓
	SERVICE MEMBER ITEM 4 NEW IDP W/APPROVAL FROM UNIT COMMANDER AND SERVICE POC	✓

**MILITARY OUTREACH INITIATIVE
PRIVATE FITNESS MEMBERSHIPS ONLY**

ATTENDANCE REQUIREMENT:

MEMBERS USING THE MILITARY OUTREACH INITIATIVE PROGRAM MUST MAINTAIN **AN 8 CALENDAR DAY VISIT PER MONTH** REQUIREMENT FOR THE DURATION OF THE 6 OR 12 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 MAY 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 COMING TO THE FACILITY TO PARTICIPATE IN ANY 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 FROM THE SAME MEMBER ON THE SAME DAY COUNT AS 1 VISIT.

JOHN SMITH	JANUARY 1, 2018
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ATTENDANCE RECORDS AND REQUIREMENTS:

COMMAND MEMORANDUM EXAMPLES:

ATTENDANCE WAIVER LETTERS MUST INCLUDE REASONING FOR ALL MONTHS MISSED

ATTENDANCE WAIVER FORMAT

REASONING RELATED TO THE SERVICE MEMBER

UNIT 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 **FITNESS CENTER, ADDRESS**.

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

This member 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

PRIVATE FITNESS CENTER EXPLANATION FORMAT

FOR REASONING RELATED TO THE PRIVATE FITNESS CENTER

FITNESS CENTER LETTERHEAD

CURRENT DATE

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

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

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

SIGNED, DATE

TITLE

FITNESS CENTER NAME, ADDRESS

SERVICE MEMBER FORM 1: 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, PRIVATE FACILITY 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 PRIVATE 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 PRIVATE 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:
Ryan.Massimo@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
PRIVATE FITNESS 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: _____

FITNESS FACILITY INFORMATION

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