



## DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



### INSTRUCTIONS – PROGRAM PACKET

#### SERVICE MEMBER/SPOUSE: Membership Application Process - New and Renewal Requests

1. Determine eligibility category (page 2).
2. Review mandatory attendance and reporting requirements (page 3).
3. Complete and sign the “Membership Application” form (page 4); use same form for new and renewal requests.
4. **NEW Request** – email application to your **Military Component Approving Official (MCAO) address** (below).
5. **RENEWAL Request** – email application **and** Attendance Report to your **MCAO**.
  - ☐ Submit renewals 30 days prior to the end of the current membership period to avoid a gap in service.
  - ☐ Renewal requests **MUST** include Attendance Report (see page 3 for calculation and reporting details).

#### COMMAND/UNIT: Certify Independent Duty Station (IDS), Designate Fitness Facility, Group Membership Requests

1. Submit “Designation” form (page 6) to certify an IDS for participation and to designate a unit fitness facility to be used by all assigned/participating personnel. Submit completed form to appropriate MCAO org box (below).
2. A maximum of one YMCA and one Private Fitness facility authorized per IDS. If facility offers local/nationwide access at no additional cost to the government, members may use participating facilities; however, for liability/contract payment purposes, member must list the unit-designated facility on their application form.
3. Waivers for additional facilities require strong justification for OSD approval due to contract negotiation and funding impact. Requests must include a completed Designation form (page 6), a Statement of Need, and a list of all fitness facilities (by name/address) that are necessary to support the physical IDS location.
4. Group membership requests (new and renewals) are contracted the same as individual requests and must include a completed/signed application form (page 4) from each participating member.

### MILITARY COMPONENT APPROVING OFFICIAL (MCAO) – ORG BOX/SUBMISSION ADDRESS

<b><u>ARMY</u></b> <b>Army Recruiting Command:</b> <a href="mailto:usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil">usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil</a>  <b>Army – All Other IDP Requests:</b> <a href="mailto:usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil">usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil</a>	<b><u>MARINE CORPS</u></b> <b>Marine Forces Reserve:</b> <a href="mailto:rick.martinez1@usmc.mil">rick.martinez1@usmc.mil</a>  <b>Marine Corps Recruiting Command:</b> <a href="mailto:lakeetha.johnson@marines.usmc.mil">lakeetha.johnson@marines.usmc.mil</a>  <b>Marine Corps- Other IDP Requests:</b> <a href="mailto:lynda.rummel@usmc-mccs.org">lynda.rummel@usmc-mccs.org</a>
<b><u>AIR FORCE</u></b> <b>All Approvals:</b> <a href="mailto:AFSVC.SVORF.SENDMAIL@us.af.mil">AFSVC.SVORF.SENDMAIL@us.af.mil</a>	<b><u>NAVY</u></b> <b>All Approvals:</b> <a href="mailto:USNYMCA.fct@navy.mil">USNYMCA.fct@navy.mil</a>

*The forms included in this packet, once completed, contain FOR OFFICIAL USE ONLY information which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties. Further distribution of completed forms is prohibited without the approval of the author unless the recipient has a need to know in the performance of official duties.*



## DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



### ELIGIBILITY CATEGORIES AND CRITERIA

Service member must be on **Title 10** orders with at least **six months** remaining as of the signature date on the application form and meet all criteria in one of the following categories:

#### **CATEGORY 1: ACTIVE DUTY \*Independent Duty Personnel (IDP)**

- ☐ I am assigned to a Service-designated Independent Duty Station that is not at or near a free or Service-provided fitness facility; AND
- ☐ I require a single-person membership or my family resides with me and I require a family membership. Only one membership type (single or family) authorized.

\* Category 1 includes National Guard and Reserve members on Title 10 IDP assignment.

#### **CATEGORY 2: Unaccompanied Spouse/Family of ACTIVE DUTY**

- ☐ Sponsor is deployed or on “unaccompanied tour” orders that require the member to reside at an assigned duty location and restricts the spouse/family from accompanying the member; AND
- ☐ Sponsor’s family resides at a Service-designated independent duty station or in an area that is not at or near a free or Service-provided fitness facility.

#### **CATEGORY 3: Unaccompanied Spouse/Family of DEPLOYED GUARD and RESERVES**

- ☐ Sponsor is on deployment orders that require the member to reside at an assigned duty location that restricts the spouse/family from accompanying the member; AND
- ☐ Sponsor’s family resides at a Service-designated independent duty station or in an area that is not at or near a free or Service-provided fitness facility.

#### **CATEGORY 4: \*Community Based Warrior Transition Unit / Warrior Care Unit**

- ☐ My duty location is my house address.
- ☐ My home address is not located at or near a free or Service-provided fitness facility.
- ☐ I require a single-person membership or my family resides with me and I require a family membership. Only one membership type (single or family) authorized.

\* Personnel on IDP assignment as support staff to a warrior transition/care unit must use Category 1 (IDP).

*Note: Exceptions to the established categories is a lengthy process and require strong justification for OSD funding approval. Submit Waiver Request (page 5) along with the membership application for case-by-case consideration.*



## DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



### ATTENDANCE REQUIREMENT AND REPORTING

#### ATTENDANCE REQUIREMENT – Minimum for Renewal Eligibility:

To be eligible for membership renewal, the fitness facility must be used a **minimum of 48 days** (an average of eight days per month) during the previous six-month period. **First-time renewals** will use the previous five-month period for a minimum of 40 days use (an average of 8 days per month) to avoid a gap in service.

- **MULTIPLE FACILITY USE** - If facility participates in a local/nationwide program and more than one location is used, you may have to obtain a record from each location to collectively meet the attendance requirement.
- **FAILED ATTENDANCE** - Submit the Waiver Request form (page 5) with your renewal application to justify failure to meet the minimum attendance requirement. Approval is on a case-by-case basis.

#### ATTENDANCE REPORT – Mandatory for Membership Renewal:

Submit attendance report with each renewal application. Fitness staff can provide a system-generated report or a written log that is signed and on facility letterhead. Report must include member/user name(s) and date of visits for the required period as follows:

- **1st Renewal** – attendance report for the previous 5 month period (minimum use = 40 days).
- **2nd Renewal** – attendance report for the previous 6 month period (minimum use = 48 days).

#### CALCULATING ATTENDANCE:

Facility use is counted by “calendar DATE” only. Multiple entries on the same date (day) by member and/or family will only count as one (1) visit towards the minimum requirement.

**Example: Multiple entries from single user on the same day = 1 visit**

John Smith	October 1, 2019
John Smith	October 1, 2019
John Smith	October 1, 2019

**Example: Multiple users on the same day = 1 visit**

John Smith	October 1, 2019
Mary Smith	October 1, 2019
Tom Smith	October 1, 2019

#### MEMBERSHIP CANCELLATION – Member Generated Request:

If membership is no longer required and three or more months remain before the end of the membership period, please notify the fitness facility staff. If the facility contract allows a refund or credit, they will provide a cancellation confirmation that you can email to the following address:

- ❑ YMCA cancellations: [dodymca@asymca.org](mailto:dodymca@asymca.org)
- ❑ Private Fitness cancellations: [dodpf@asymca.org](mailto:dodpf@asymca.org)



**DOD ARMED SERVICES YMCA INITIATIVE  
MILITARY OUTREACH INITIATIVE**



**MEMBERSHIP APPLICATION - New and Renewal Requests**

**INSTRUCTIONS** (see pages 1-3): Member/Spouse – complete all sections and email signed form to the appropriate MCAO org box.  
NOTE: Renewal applications must include the facility attendance report and if applicable, a waiver request for non-compliance.

**Section 1** **Select One:** ☐ YMCA Facility ☐ Private Fitness Facility

**Select One:** ☐ Service Member ONLY ☐ Spouse ONLY ☐ Family (2+)

**Select ALL that apply:** ☐ Waiver Request ☐ NEW Membership ☐ RENEWAL Request

**Select ALL that apply:** ☐ National Guard ☐ Reserve ☐ Army ☐ Navy ☐ Marine Corps ☐ Air Force

**Title 10 Category – Select One:**

- ☐ Category 1 – Active Duty Independent Duty Personnel
- ☐ Category 2 – Unaccompanied Spouse/Family of Active Duty
- ☐ Category 3 – Unaccompanied Spouse/Family of Deployed Guard and Reserves
- ☐ Category 4 – Community Based Warrior Transition Unit / Warrior Care Unit

**Assignment Timeline (mm/yyyy) Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**Section 2** (*Category 1 personnel **must** list their “unit-designated” fitness facility for liability and contract payment purposes*)

**Fitness Facility Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Section 3**

**Member (Last, First):** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Unit Name:** \_\_\_\_\_ **Unit Phone:** \_\_\_\_\_

**Unit POC:** \_\_\_\_\_ **POC email:** \_\_\_\_\_

**Duty Station Street Address:** \_\_\_\_\_

**Section 4** (*List ONLY dependents that will use the facility; use additional sheet if necessary*)

**Spouse (Last, First):** \_\_\_\_\_

**Child 1:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Child 2:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Child 3:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Child 4:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Member Certification:** *I certify the information provided is accurate and all eligibility criteria for the specified category is met. I agree to pay any cost above the DoD-funded rate (\$50 single / \$70 family) to include any optional services I elect. I understand that I must comply with the mandatory attendance requirement to be eligible for renewal consideration and that intentionally providing false information to secure services under a Defense contract is cause for disciplinary action and may be prosecutable.*

**Member/Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MCAO:** ☐ Category Verified/Form Complete for: ☐ NEW – Approved (or) ☐ Renewal/Waiver for ASYMCA determination

**Digital Signature/Date:** \_\_\_\_\_

**ASYMCA:** **Approved Months** \_\_\_\_\_ **Partner Facilities:** ☐ Included ☐ Optional at member pay ☐ Not Available

☐ Negotiated Basic Monthly Rate of \$ \_\_\_\_\_ EXCEEDS cap; member notified and agrees to excess amount.

**Digital Signature/Date:** \_\_\_\_\_

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**DOD ARMED SERVICES YMCA INITIATIVE  
MILITARY OUTREACH INITIATIVE**



**WAIVER REQUEST**

**INSTRUCTIONS** (see pages 1-3): Member/Spouse – email waiver request along with your Membership Application (page 4) and any supporting documents (e.g., Attendance Report) to the appropriate MCAO org box/address (page 1).

Attendance Waiver: Explain failure to meet mandatory minimum attendance requirement by listing dates with reason for gap in attendance (e.g. medical restriction to-from dates; TDY to-from dates).

Category Waiver: Provide explanation for applications that are not within one of the established eligibility categories.

**Membership Information**

**Sponsor (Last, First):** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Select One:** ☐ Service Member Only ☐ Spouse Only ☐ Family 2+ (Service member/spouse/dependents)

**Detailed Explanation** (use continuation sheet if necessary)

**MEMBER/SPOUSE**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**MCAO Comments:** \_\_\_\_\_

**Digital Signature/Date** \_\_\_\_\_

**ASYMCA Determination:** ☐ **APPROVED** ☐ **DENIED w/comments as follows:**

**Digital Signature / Date:** \_\_\_\_\_

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# DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



## COMMAND / UNIT - DESIGNATION FORM

**INSTRUCTIONS** (pages 1-3): Use this form to certify an Independent Duty Station (IDS) and to designate a YMCA and/or Private Fitness facility to be used by all assigned personnel and their dependents that choose to participate.

- Maximum of one YMCA and one private fitness facility per IDS. If facility provides local or nationwide access at no additional cost to the government, members may use participating locations; however, for liability and contract payment purposes, members **must** list the unit-designated facility name and address on their application form.
- \*Waivers for additional fitness facilities considered on a case-by-case basis and require strong justification for OSD negotiation and contract funding approval; see Command Instructions (page 1) for additional guidance.

*Email completed form to appropriate Military Component Approving Official (MCAO) org box (page 1)*

**Select all that apply:** ☐ New IDS ☐ Existing IDS ☐ Facility Designation ☐ \*Waiver Request

**COMMAND NAME:** \_\_\_\_\_

**CMD Address:** \_\_\_\_\_

**CMD POC:** \_\_\_\_\_ **CMD POC Phone:** \_\_\_\_\_

**CMD POC Duty Email:** \_\_\_\_\_

**IDS Unit Name:** \_\_\_\_\_ **IDS Phone:** \_\_\_\_\_

**IDS Physical Address:** \_\_\_\_\_

**FACILITY DESIGNATION (select one):** ☐ for New IDS Location ☐ Change Designated Facility at Existing IDS

**YMCA Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Private Fitness Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Commanding Officer/Officer in Charge:** *I certify the specified physical address is an establish Independent Duty Station (IDS) and that the command/unit does not pay for fitness memberships or have access to a free or Service-provided fitness facility at or near the IDS. I understand that all assigned personnel choosing to participate must use a unit-designated facility, must comply with the mandatory attendance to be eligible for renewal, and they must accept personal responsibility for payment of any excess monthly membership fee if the designated facility exceeds the government contract rate cap (\$50 single / \$70 family).*

**Digital Signature:** \_\_\_\_\_ **Duty Phone:** \_\_\_\_\_

**Duty Title:** \_\_\_\_\_

**Duty Email:** \_\_\_\_\_

**MCAO Comments:** \_\_\_\_\_

**Digital Signature/Date:** \_\_\_\_\_

**ASYMCA:** ☐ IDS Registered ☐ Facility count within limit (1/1) ☐ Rate \$ \_\_\_\_\_ EXCEEDS Cap; CMD notified

**Digital Signature/Date:** \_\_\_\_\_



# Privacy Act Data Cover Sheet

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containing personal  
information

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# Privacy Act Data Cover Sheet