



McGaw YMCA in Evanston

MEMBER & RESIDENT INFORMATION

Application Date _____ Birth Date _____ Social Security Number _____

Name _____ Current Address _____ Apt _____ How long have you lived there _____
City/ State/ Zip _____ Telephone – Cell _____ Business _____
Email Address _____

Source of Income (i.e. job, disability, etc) _____ Weekly/Monthly net income \$ _____ (Attach proof last 30 days)

Employer – Name _____ Address _____ Occupation _____

How long employed _____

Are you currently on parole Yes No When are you looking to move in _____ How long would you like to stay _____

Do you smoke? Yes No Will you need a parking pass for the YMCA parking lot? Yes No (*note this is not 24 hour parking)

Two references are required such as present employer, relative, or roommate

Reference _____ Relationship _____ Phone _____ Address _____ # of years known _____

Reference _____ Relationship _____ Phone _____ Address _____ # of years known _____

The following questions are collected for grant and reporting purposes and will not be used in the consideration of your application for residence:

Do you have any disability the YMCA should know about? Yes No

If yes, explain: _____

Do you need any accommodations? Yes No If yes, what? _____

Do you have health insurance? Yes No

If yes, who is your insurance provider? _____

Do you receive LINK/Snap benefits? Yes No

Are you a veteran of the Armed Forces? Yes No

Ethnicity (select one only)

Hispanic or Latino

Not Hispanic or Latino

Race (select all that apply):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other: _____

In consideration of solicitation of my application to rent a room located at 1000 Grove Street, Evanston, IL I, _____, do hereby give my consent to **McGaw YMCA**, and the authorized agents thereof, to check the references listed on my application, and to check my background in any way, including but not limited to contacting any and all persons and business entities in order to inquire any and all information relating to myself, provided that said inquiries be limited solely to the purpose of consideration of my possible tenancy at the address listed above. I understand this application is subject to the approval of the residence director.

Signature _____ Date _____



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Emergency Contact(s):

First Name: _____ Last Name: _____

Primary phone #: _____ Secondary phone #: _____

Relationship to you: _____

First Name: _____ Last Name: _____

Primary phone #: _____ Secondary phone #: _____

Relationship to you: _____

Are you currently on medication? Yes No

If yes, who is your physician? _____

Doctor's phone number: _____

(This information will only be shared with medical professionals in the event of an emergency).

Please share any additional information below that would be helpful in the case of an emergency.

I have voluntarily provided the above information and authorize the McGaw YMCA and its representatives to contact any of the above on my behalf in the event of an emergency.

Resident Signature: _____ Date: _____



Membership Agreement

In applying for YMCA membership, I agree to cooperate with others in supporting the YMCA missions, goals, and objectives and to abide by the policies and procedures set forth by the McGaw YMCA Board of Directors. I understand that YMCA membership dues are non-refundable and membership privileges may not be transferred from one individual to another.

Member Signature: _____ Date ____ / ____ / ____

Printed Name: _____

Member/Program Participant Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

In accordance with the McGaw YMCA's compliance with child safety best practices, everyone who enters the McGaw YMCA premises (age 18 and older) will be checked against the National Sex Offender Database using their name and date of birth, as it is provided on their state issued ID. Convicted sex offenders will not be permitted to enter McGaw facilities, hold memberships, participate in programs, or live in the residence.

IN FURTHER, CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILTIIY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Date ____ / ____ / ____

MEMBER/PARTICIPANT SIGNATURE (guardian if under 18): _____

NAME OF CHILDREN IN PROGRAM: _____



PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), and/or the McGaw YMCA, I give my consent, now and for all time, to YMCA of the USA, McGaw YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and McGaw YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, McGaw YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and McGaw YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and McGaw YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, McGaw YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____.

For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Printed name: _____



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McGaw YMCA Residence Rules

The following rules of the Residence Program are designed to promote a welcoming and safe community living environment. By signing below, you agree to adhere to these rules as a requirement for your continued residence at the McGaw YMCA.

PERSONAL CONDUCT

1. Resident members will conduct themselves in a manner which does not infringe on the rights or properties of others or their peaceful enjoyment of their room.
2. Resident members will treat their neighbors, staff, and other members with respect.
3. Any threats or acts of physical violence by a resident member or their guest may result in termination of the resident member's housing.
4. Resident members will follow the policies of the Board of Directors.
5. Resident members are responsible for ensuring that their guests adhere to the rules and policies of the McGaw YMCA.
6. Female visitors and minors are not allowed on the residence floors.
7. All guests must check in at the front desk and must be accompanied by the resident they are visiting at all times.
8. QUIET HOURS will be observed between the hours of 11:00pm and 7:30am.
9. Solicitation for the sale of any good or service is prohibited on residence floors and throughout the rest of the building.
10. Alcoholic beverages are allowed in your room only. Public intoxication in common areas is not allowed. Illegal use of controlled substances and gambling are prohibited.
11. Smoking cigarettes, including vape pens or e-cigarettes, is permitted only inside rooms on the 4th and 5th floors. The 3rd floor is non-smoking. Smoking of cannabis is prohibited except residents with valid medical marijuana cards whose prescriptions require smoking.
12. Storing items on outside window ledges is prohibited. Nothing is to be thrown out of the windows.

13. Bathrobes are a minimum requirement when using the corridors of the residence floors; street clothes (shirts, pants, and shoes) are required in the public and common areas.
14. No firearms, weapons, BB guns, pellet guns, firecrackers, or explosive devices are permitted.
15. The burning of incense, candles, or any other type of flammable material is not allowed. (Exceptions: matches and lighters).

PHYSICAL FACILITY

1. Rooms are to be occupied by the resident members of record only.
2. Rooms must be kept in a sanitary and healthy condition. Resident members must dispose of all garbage, rubbish, and other waste from their rooms in a sanitary, safe and timely manner.
3. Resident members using other program areas in the YMCA facilities will follow the rules and regulations set for those areas.
4. Resident members will be charged for services and repair for damage to YMCA property beyond normal wear and tear.
5. Cooking and devices used to prepare food or drink, such as microwaves, hot plates, and coffee makers are prohibited in rooms.
6. Authorized employees of the McGaw YMCA may enter rooms during normal business hours for routine cleaning, wellness checks and maintenance, or any time in the event of an emergency.
7. Rooms must be locked at all times. The McGaw YMCA is not responsible for loss of property for any reason.
8. Resident members must cooperate with pest control inspections and comply with staff instructions to prepare for maintenance or pest control interventions.
9. No alterations will be made to any residence room without approval of staff. Nails or tacks will not be driven into the woodwork or walls.

PHYSICAL FACILITY (continued)

10. The McGaw YMCA owns the furniture and equipment in the room provided at the time of move in. Resident members must receive written approval from residence staff prior to moving in personal furniture. If resident members want to dispose of furniture, they must arrange proper disposal with Residence staff.
11. Electric wires, lamps, refrigerators, smoke detectors, and fixtures must not be altered or interfered with in any way.

STORAGE

McGaw YMCA accepts no responsibility for trunks, baggage, or other personal effects left here after a resident's membership ends. Personal effects may be held for no more than 30 days, after which all articles will be discarded.

FEES

1. Residence fees are charged at the time of move in and every Sunday thereafter. Residence fees are due in advance; residents are members in good standing when residence fees are paid by Sunday for the following week. For example, if payment is due Sunday, May 1st, the resident member is paying for the week including Sunday night, May 1st through Saturday night, May 7th.
2. You are moving into room # _____ and your first pro-rated week due prior to move in is: \$ _____.
3. Your weekly residence fee at the time of move-in on ___/___/_____ is: \$ _____ due every Sunday. After four full weeks of stay, you are eligible for the extended stay rate of: \$ _____ weekly on Sunday ___/___/_____ as long as all required documentation and proof of income is on file in the Residence Office. Please note that fees are subject to change with prior written notice provided by management.
4. An extra day's fee will be charged to residents who check out after 12:00 Noon.

Key Fee and Key Return Policy

The McGaw YMCA charges a \$20.00 fee at the beginning of your stay to cover the cost of your room and mailbox keys. When you are ready to check out at the end of your stay, please return your keys to the Member Relations staff at the Front Desk. **All resident members must return their room and mailbox keys at the time of check out.** At that time, the Member Relations staff will then give you \$20.00 for returning your keys. If for any reason you do not return your keys to Member Relations staff, you forfeit the \$20.00 fee and are not entitled to a refund. Also, if you turn in your key without waiting for the Member Relations staff to process your refund, you also forfeit the \$20.00 refund. Replacement keys for lost room and mail keys can be obtained at the Front Desk. Resident members will be charged an additional \$20.00 for any replacement keys.

By signing below, I agree that I have read and received a copy of the Residence Rules and the Resident Member Program Policy. By signing below, I agree to abide by and conform to the Residence Rules and the Residence Program Policy as a condition of my continued residency at the McGaw YMCA.

(Print resident name)

(Resident member signature)

(Date)

(Print staff name)

(Staff signature)

(Date)

DISCLOSURE & AUTHORIZATION TO OBTAIN CONSUMER REPORTS

Notice Regarding Background Investigation for Residency

It is the intention of McGaw YMCA ("McGaw") to obtain a consumer report on you for residency purposes. Residency purposes includes your consideration or acceptance into the housing program. Such a report may be obtained in connection with your application for residency, as well as retention as a resident, or in connection with any internal investigation McGaw may undertake during the course of your residency at McGaw. McGaw may obtain written, oral, or other communication of information bearing on your character, general reputation, criminal history, driving record, personal characteristics, trustworthiness, employment history, educational background or mode of living, from any person or agency which assembles or evaluates information on individuals for the purposes of furnishing that information to third parties.

If requested and obtained, this information will be reviewed by McGaw for residency purposes. McGaw will provide you with a copy of any consumer report if the information contained in such report is, in any way, to be used in making a decision regarding your fitness for residency at McGaw. Such report will be made available to you prior to any such decision being made, along with the name and address of the reporting agency that produced the report. Unless you are notified otherwise, the consumer and/or investigative consumer report(s) will be obtained from:

Praesidium, Inc., Consumer Disputes; P.O. Box 202002, Arlington, Texas 76006

Toll-free telephone number 1-800-743-6354 Internet website website.praesidiuminc.com

Authorization to Obtain Consumer Report

Please Read Carefully Before Signing

For the purposes stated above and under the circumstances stated above, I authorize, agree and direct McGaw to obtain a consumer report through any written, oral, or other communication of any information bearing on my character, general reputation, criminal history, driving record, personal characteristics, trustworthiness, employment history, educational background or mode of living, from any person or any agency which assembles or evaluates information on individuals for the purposes of furnishing that information to third parties. This authorization remains in effect until revoked by me in writing.

Applicant Signature

Date

Print Name of Applicant

Residence Staff Signature

Date

Print Name of Residence Staff

APPLICANT INFORMATION
(Please print)

LAST NAME: _____ FIRST: _____ MIDDLE: _____

*MAIDEN AND OTHER NAMES USED: _____

*SOCIAL SECURITY #: _____

*MALE *FEMALE:

*DATE OF BIRTH: _____

*DRIVER'S LICENSE/ STATE ID NUMBER _____ *ISSUING STATE _____

CURRENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

*COUNTIES AND STATES YOU HAVE LIVED IN FOR THE PAST TEN YEARS: _____

I certify that the information provided above is accurate to the best of my knowledge.

SIGNATURE: _____ TODAY'S DATE: _____

PRINT FULL LEGAL NAME: _____

*This information is requested by Praesidium, Inc. solely for purposes of ensuring accurate retrieval of records.

McGaw YMCA Criminal Background Inquiry

You have been extended a conditional offer for residency. At this stage, we invite you to voluntarily provide us with certain information regarding your criminal conviction history, if any.

Providing information about criminal convictions will not necessarily disqualify you from residency. We will consider several factors, including the nature of the crime, the amount of time that has passed since the conviction or release from incarceration, your employment, rental, and volunteer history since the conviction or release, the rehabilitative steps you have undertaken (such as education or services), and any other mitigating circumstances that you may wish to bring to our attention.

I certify that the information provided above is accurate to the best of my knowledge.

Signature: _____ Today's date: _____

Print Full Legal Name: _____