



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## TEEN REFERRAL MEMBERSHIP FORM

YMCA of Northwest North Carolina

Do you have a student who is eligible for this initiative? If so, please fill out the following information below. Eligibility information is listed at [www.ymcanwnc.org/teenreferral](http://www.ymcanwnc.org/teenreferral).

### SCHOOL/COMMUNITY PARTNER INFORMATION: (please print legibly)

School/Organization Name: \_\_\_\_\_  
Your Name: (First /Last) \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Your Role: \_\_\_\_\_ Your Email Address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Student Meets Requirements: \_\_\_ Yes \_\_\_ NO  
Branch Location: \_\_\_ Statesville Family YMCA \_\_\_ William G. White, Jr. Family YMCA \_\_\_ YMCA REACH Center  
Other: \_\_\_\_\_

### TEEN INFORMATION: (please print legibly)

Are you an Active YMCA of NWNC Member: \_\_\_ Yes \_\_\_ No Student ID: \_\_\_\_\_  
Name: (First/Last) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Ethnicity: \_\_\_ African American \_\_\_ Native American \_\_\_ Alaskan Native \_\_\_ Asian/Pacific Islander \_\_\_ Caucasian  
\_\_\_ Hispanic \_\_\_ Prefer Not to Answer \_\_\_ Other  
**Note: Emergency contact should be someone other than you.**  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

### OFFICE USE ONLINE

Today's Date: \_\_\_\_\_  
Completed/Processed YMCA Membership Application: Yes No Staff Initials \_\_\_\_  
Photo Taken: Yes No Staff Initials \_\_\_\_  
Completed Reaching our Potential Orientation: Yes No Staff Initials \_\_\_\_

#### YMCA OF NORTHWEST NORTH CAROLINA

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P 336 777 8055 F 336 777 6345 [www.ymcanwnc.org](http://www.ymcanwnc.org) A United Way Agency

Our Mission: "Helping all people reach their God-given potential in spirit, mind and body." Financial Assistance available.