GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS
OF SOUTHWEST VIRGINIA

Membership Application

Once the application is received, the Unit Director will let you know if your child has been accepted and a start date. If you have any questions, please contact the Club at the number below. If you are mailing in your application mail to:

Boys & Girls Clubs of SWVA
Attention: Membership
1714 9th Street, SE
Roanoke, VA 24013
Fax: (540) 904-7406

Roanoke City Location:
9th Street: 540-985-8600

Montgomery County Locations:
Christiansburg Middle School: 540-986-6245
Eastern Montgomery High School: 540-986-6355
Eastern Montgomery Elem. School: 540-986-5258
Shawsville Middle School: 540-986-6528

Roanoke County Locations:
Burlington Elementary School: 540-798-4150
Vinton Baptist Church: 540-798-4737
(Serving Herman L. Horn & W.E. Cundiff)

Franklin County Locations:
Lee M. Waid Elementary School: 540-588-2467
Rocky Mount Elementary School: 540-986-6463

Thank you and welcome to the Boys & Girls Clubs of Southwest Virginia!

MEMBERSHIP APPLICATION

School Year 2026-2027

GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS OF SOUTHWEST VIRGINIA

BGC OFFICE USE ONLY	PERMISSIONS & DOCUMENTATION:
Site Location: _____	_____ Field Trips
Summer Camp: _____	_____ Medical Assistance _____ Media Release
School Year: _____	_____ Swimming _____ Sunscreen

Member Information: All areas must be completed.

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender: Male / Female Email Address (parent): _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone: _____ New or Renewal Member: _____

Birth Date: _____ Age: _____ Race: _____ Special Features: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Current School: _____ Teacher: _____ Grade: _____

Does your child have an IEP: _____ Does your child have a 504: _____

Household Information: The Boys & Girls Clubs of Southwest Virginia is a non-profit organization. As such, we rely heavily on grant funding to operate our facilities and programs. The following information is necessary for us to report to our funding sources.

Annual Gross Household Income: _____

Does the child live with their: Mom Step Mom Dad Step Dad Grandparents Other: _____

Is any member of the household 65 years old or older: **Yes / No** Is any member of the household handicapped: **Yes / No**

Current Head of Household: Female / Male / Both Current Number in Household: _____

Current Marital Status of Parent/Guardian: Married_____ Separated_____ Divorced_____ Widowed_____ Single_____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Does this child have parents in the military: **Yes / No** If yes, which branch: _____ Does the child live on a military base: **Yes / No**

Does your child receive free or reduced lunch: **Yes / No** Does your child receive TANF: **Yes / No**

Medical Information:

Doctor Name: _____ Doctor Phone: _____ Permission for Doctor/Hospital: **Yes / No**

Does your child have Medicaid or Famis: **Yes / No** Who is the provider: Anthem_____ Aetna_____ Cigna_____ Optima _____

Magellan_____ United Healthcare_____ Va Premier_____ Other Policy (Please Specify): _____

Policy#: _____ Group #: _____

Please list allergies or intolerances to food, medication, or any other substances: _____

_____

Please list any chronic physical problems, pertinent development information and/or any specific accommodations your child may need:

_____

Please list any medications your child is currently taking: _____

Medical Emergency:

In case of an emergency, I, _____ (parent / guardian), give my permission for the Boys & Girls Clubs Staff to administer CPR and First Aid until rescue personnel have arrived. **Date:** _____

Emergency Contacts: Must be filled out completely.

***Parent/Guardian & Emergency Contact information should list four different people. In case of an emergency we will start with the first parent/guardian listed. Emergency Contacts will be called when a parent cannot be reached.**

Parent 1/ Guardian 1

Name: _____

Relationship: _____

Email Address (required): _____

Home Address (if different than child's):

_____

Date of Birth: _____

Occupation: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Parent 2/ Guardian 2

Name: _____

Relationship: _____

Email Address (required): _____

Home Address (if different than child's):

_____

Date of Birth: _____

Occupation: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Emergency Contact #1

Name: _____

Relationship: _____

Address: _____

_____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Emergency Contact #2

Name: _____

Relationship: _____

Address: _____

_____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Persons Authorized to Pick up Child (Other than Parents/Guardians & Emergency Contacts Already Listed) (see also OPEN DOOR POLICY on following page):

Name: _____ Relationship: _____ Phone: _____ Type: _____

Name: _____ Relationship: _____ Phone: _____ Type: _____

Name: _____ Relationship: _____ Phone: _____ Type: _____

Name: _____ Relationship: _____ Phone: _____ Type: _____

Persons NOT Authorized to Pick up Child:

Name(s): _____

PARENTAL CONSENT AND AGREEMENTS:

Please initial the appropriate lines.

Request for Information from the School

In order to provide quality educational programs and to be in compliance with funding sources, we will request a copy of your child's report card and SOL scores from the school. Member information will remain strictly confidential and will only be used by the Club and its staff for monitoring of success and reporting purposes. Strict guidelines are in place to ensure confidentiality, and each party has received appropriate training. At no point will individual student data be publicly released. In addition to academic records, copies of members' Birth Certificates, physicals, and immunization records may be requested for safety or licensing purposes. All of the above information is **required** for a child to participate in the Boys & Girls Club.

_____ **I do** agree for my child's academic records, including report cards and SOL scores, Birth Certificate, physical and immunization record to be release by the school to the Boys & Girls Clubs of Southwest Virginia.

_____ **I do not** agree for my child's academic records, Birth Certificate, physical, and immunization record to be collected and therefore **will not** be enrolling my child in the Boys & Girls Club.

Permission for Field Trips

Throughout the school year and summer Boys & Girls Clubs of Southwest Virginia members have the opportunity to go on field trips. Bus transportation through the school system will be used to transport children on these field trips. Parents who have their child (ren) participate in our afterschool or summer programs give his/her approval to participate in field trips.

There will be an additional permission slip for activities scheduled beyond Club operational hours (i.e. skate night, lock in, basketball, etc.)

By signing below parents assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. Parents do further release, absolve, indemnify and hold harmless the organizers, sponsors, or any of the supervisors appointed by them including Boys & Girls Clubs of Southwest Virginia. Parents likewise release from responsibility any person transporting their child (ren) to or from the activities.

_____ I **do** give my permission for my child to participate in Club field trips.

_____ I **do not** give my permission for my child to participate in Club field trips.

Social Media:

I give the Boys & Girls Clubs permission to use any photographs or videos that my child appears in for any promotional materials, including social media, for the Club.

_____ I **do** give my permission for my child's image by photograph or video to be used in print or online.

_____ I **do not** give my permission for my child's image to be used.

Permission for Sunscreen

I give permission for my child to wear sunscreen. The Boys & Girls Clubs Staff have permission to apply the sunscreen on my child if assistance is needed. If my child does not have his/her own sunscreen I give the Boys & Girls Club staff permission to use the Club's sunscreen on my child.

_____ I **do** give permission for my child to use sunscreen.

_____ I **do not** give permission for my child to use sunscreen. If my child uses sunscreen I will provide it.

Member's Swimming Ability

My child is a (n):

_____ **Beginning Swimmer** (Cannot swim/ should stay in shallow water)

_____ **Intermediate Swimmer** (Still learning or requires minor assistance in water over 4 feet)

_____ **Expert Swimmer** (Needs no assistance in water over 4 feet deep and may use diving boards and water slides)

Please initial each

Discipline Procedures:

_____ Please read the discipline procedures on the following page carefully.

I have read and understand the Boys & Girls Clubs of Southwest Virginia discipline procedures. I agree to support the staff of the Boys & Girls Clubs in enforcing these rules and regulations. I understand that my child may be removed from the program for repeated infractions.

Late Pick-Up Policy:

_____ Each Family is allowed one free pick-up, provided that it is not more than 15 minutes after closing. After this one free late pick-up has been used, parents will be charged $1.00 per minute per child for each minute they are late. This late fee in due when the child is picked up or a payment schedule must be made. Parents who have a total of five incidents of late pick-up will be charged $5.00 per minute per child, and/or may be asked to make other pick-up arrangements for their child. If they are not picked up one hour after closing, The Department of Social Services will be contacted.

Communicable Disease & Illness Policy:

_____ The Boys & Girls Clubs agree to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Club.

The parent(s)/guardian(s) agree to inform the Boys & Girls Clubs within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for a life threatening disease which must be reported immediately.

Disclaimers and Permission Statements:

_____ I request that my child be admitted to membership. In case of an accident, I give the Boys & Girls Clubs of Southwest Virginia my consent to seek medical attention for my child. If an emergency occurs, I authorize the Boys & Girls Clubs to obtain immediate medical care (911). If the parent(s)/guardian(s) cannot be located immediately, an emergency contact will be notified. I understand that the Boys & Girls Clubs operates under an OPEN DOOR POLICY and members are allowed to come and go as they please. We will attempt to notify parents if their child leaves the Club unaccompanied by an authorized pick-up person. Supervision is not provided outside of scheduled times. Parents should instruct their children to stay on Club grounds at all times. The Boys & Girls Clubs is not liable or responsible, financially or otherwise, for injuries that occur to your child at the Club. Parents should carry their own medical insurance for their child. My child may participate in all Boys & Girls Clubs activities in or adjacent to the Club building.

Signatures:

By signing below, you acknowledge that you have read, understand and agree to the discipline procedures, late pick-up policy, communicable disease and illness policy, and the disclaimers/permissions statement:

Parent's Name: _____ Member's Name: _____

Parent's Signature: _____ Date: _____

Club Administrator: _____ Date: _____

Note: This application MUST be filled out COMPLETELY and signed by parent and Club Administrator for it to be valid.

Disciplinary Procedures
Boys and Girls Clubs of Southwest Virginia

The Boys & Girls Clubs of Southwest Virginia handles behavioral problems on an individual basis. It is the responsibility of the parents and guardians to let us know if the member has developmental delays at home or at school, so that we have information to better understand the member's behavior. If the behavior is ongoing or extreme, then the member will be sent to the Unit Director for disciplinary action. If the Unit Director, staff or Club member cannot resolve the problem, **PARENTS WILL BE CONTACTED**. The Unit Director has the option of suspending or dismissing the Club member. The Club member will not be readmitted until there is a parent conference with the Unit Director. The Boys & Girls Clubs has a **NO TOLERANCE POLICY FOR BULLYING.**

Infraction I

Infraction I is defined as any minor disruptive behavior such a yelling, running, being out of your assigned area, cursing, misuse of Club equipment, not removing head gear, or showing inappropriate signs of affection.

Age	Occurrence 1	Occurrence 2	Occurrence 3	Occurrence 4
5-8	Warning	10- Minute Time-Out	20 Minute Time-Out	Suspended for One Day
9-11	Warning	20-Minute Community Service	Suspended for One Day	Suspended for Three Days
12 & Up	Warning	Suspended for One Day	Suspended for Three Days	Suspended for A Week

Infraction II

Infraction II is defined as any behavior that disrupts Club activities or disrespects Club, staff, or members. Behavior in this category includes but is not limited to outright defiance, disrespecting staff, intimidation, encouraging or instigating a fight, pornography, confrontations without harm, and very minor vandalism.

Age	Occurrence 1	Occurrence 2	Occurrence 3
5-8	20 Minute Time Out	Suspended for One Day	Suspended for Three Days
9-11	Suspended One Day	Suspended Three Days	Suspended for One Week
12 & Up	Suspended Three Days	Suspended One Week	Suspended Two Weeks

Infraction III

Infraction III is defined as any behavior which endangers members, staff, or Club facilities. Behavior in this category includes but is not limited to repairable vandalism, minor theft, and fighting.

Age	Occurrence 1	Occurrence 2	Occurrence 3
5-8	Suspended One Day	Suspended One Week	Suspended One Month
9-11	Suspended Three Days	Suspended Two Weeks	Suspended Two Months
12 & Up	Suspended One Week	Suspended One Month	Suspension TBD by Unit Director

Infraction IV

Infraction IV is defined as any infraction that is criminal or damaging to Club, members, or staff in a permanent or longstanding way. Behavior that is included in this category is participating or being involved in a mob assault (banking), weapon possession, major theft, drug possession, threat to staff or major vandalism. Accompanying discipline action in Infraction IV will be a police report.

Age	Occurrence 1	Occurrence 2	Occurrence 3
5-8	Suspended One Month	Suspended Two Months	Permanently Suspended
9-11	Suspended Two Months	Permanently Suspended	
12 & Up	Suspended Three Months	Permanently Suspended	

Parent/Guardian Signature: _____ **Date:** _____

111108Virginia Department of Social Services
Youth Participation Eligibility Form

Page 1 of 3 - VADSS Out of School Services Program Eligibility Form

The Virginia Alliance of Boys & Girls Clubs and The Virginia Department of Social Services is partnering to provide valuable out-of-school programs for youth in Virginia. The information provided on this form will help ensure that eligible youth benefit from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – ***This section must be completed in its entirety.***

Social Security Number _____ - _____ - _____ OR Birth Certificate State File Number _____

Gender: _____ Male _____ Female

Date of Birth (mm/dd/yyyy): _____ /_____ /_____

Is the youth named above in Foster Care within the state of Virginia ☐ Yes ☐ No
Note: If the youth is in Foster Care but not in the care of Virginia, please provide the state name _____

Section 1

A. Is the youth applicant a U.S. citizen or qualified alien? ☐Yes ☐ No
B. Is the youth applicant a Virginia resident? ☐ Yes ☐ No
C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)? ☐ Yes ☐ No
_____Youth applicant is between the age of 5 and 17 years old; **OR**
_____Youth applicant is 18 years old and currently enrolled in school *(high school, GED program or equivalent, or post-secondary institution)* and will be enrolled in AND attend school during the upcoming academic year *(Verification of school enrollment includes a letter from the school on official school letterhead):* **OR**
____Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form. If the answer to any of the questions in Section 1 is NO, then the remainder of the form does not need to be completed.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	☐	☐
B.	Supplemental Nutrition Assistance Program (SNAP) *(also known as Food Stamps)*	☐	☐
C.	Medicaid or Social Security Income (SSI)	☐	☐
D.	Cardinal Care	☐	☐

If the answer to at least one question in section 2 is YES, please complete Section 5 (you may skip sections 3 and 4). Verification for receipt of services checked in Section 2 must be provided, and a copy of the verification must be attached to this eligibility form.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian must complete Section 3, Section 4, and Section. Verification for items listed in Sections 3 and 4 must be provided, and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the VADSS Out of School Services Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	VADSS Out of School Services Program Annual Household Income Guidelines **	VADSS Out of School Services Program Monthly Household Income Guidelines
1	$15,650.00	$33,300.00	$2,608.33
2	$21,150.00	$42,300.00	$3,525.00
3	$26,650.00	$53,300.00	$4,441.67
4	$32,150.00	$64,300.00	$5,358.33
5	$37,650.00	$75,300.00	$6,275.00
6	$43,150.00	$86,300.00	$7,191.67
7	$48,650.00	$97,300.00	$8,108.33
8	$54,150.00	$108,300.00	$9,205.00
Each additional person, add	$5,500	Multiply total Federal Poverty Level by 200%	Divide VADSS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 90 No. 11, Page 5917-5918, Document Number: 2025-01218) ** 200 % of the federal poverty level in effect January 17, 2025.

Family Unit Size* _____
Gross Household Yearly Income $_____**Gross Household Monthly Income $**_____

* *See Appendix A for definition of family unit.*

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
Gross Monthly Income is income before taxes and deductions.					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – ***This section must be completed in its entirety.***

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

_____ _____

Parent/Caregiver/Guardian Printed Name Date

_____ _____

Parent/Caregiver/Guardian Signature Date

Official Use Only Section for Out of School Services/Summer Service Provider:

Total Income: $_____ Per: Week ☐ Every 2 Weeks ☐ Twice monthly ☐ Monthly ☐ **Household Size: _____**

***Annual Income Conversion*: First, get the average of paystubs received by adding up paystubs, then dividing by the number of paystubs received. Next, multiply by the conversion below, depending on how often they are paid:**
Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1. Lastly, multiply by 12 to obtain the converted Annual Income.

***Total Converted Annual Income*: $_____ (Round to the nearest whole number)**

By signing below, I certify that the information presented within this form was reviewed, verified, and confirmed** and meets the DFCS Out of School Services Program Eligibility rules and guidelines indicated within this form. I also certify that this form will be kept in the youth participant's file in a

Authorized Program Staff Signature _____ Title _____ Date _____

*** See Appendix B for income verification proof sources***

APPENDICES

*Appendix A: Family Unit

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling (whole, half, or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

**Appendix B: Income Proof Sources and Applicable Income Sources

Income verification must be obtained, and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employers issued, signed, and dated documentation;
- Personal income ledger or tablet (e.g., self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in the January–March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff, such as the eligibility CM, and/or;
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding $300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through a retirement plan

**Appendix C: Acceptable Verification of Benefits or Services

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and CardinalCare**: Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the Out of School Services Program (Integrated Eligibility System (IES) documentation, Official Letter from the Virginia Department of Social Services outlining the receipt of benefits).

- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration

- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a list of students receiving free or reduced lunch, granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide, or district-wide free lunch does not qualify as an acceptable point of eligibility for the VADSS Out of School Services.