

**For YMCA Staff Use ONLY**

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interviewed using Listen First skills?  YES  NO

Which of the following Listen First skills did you use?

- Open Ended Questions: Did you invite the Health Seeker to talk and reflect on his or her perspective?
- Reflection: Did you provide an opportunity for the Health Seeker to correct what is being understood?
- Summarization: Did you recap or pull together the conversation with the Health Seeker?
- Affirmation: Did you thank the Health Seeker upon concluding the interview?

Was tour of the building given  YES  NO

If no to one or both questions, list explanations: \_\_\_\_\_

Tour Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Taken:  YES  NO

Connector Assigned: \_\_\_\_\_

Comments: \_\_\_\_\_

Silver Sneaker Membership:  YES  NO

**For Office Use**

- Adult  College  Family  Teen
- ASC/Camp  Youth  Sr. Adult  Preschool

Membership #: \_\_\_\_\_

Cash  Credit Card  Check #: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Staff Member \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**RARITAN BAY AREA YMCA**  
Membership Application and Questionnaire

**FAMILY INFORMATION:**

Adult 1: \_\_\_\_\_  
First Middle Last

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult 2: \_\_\_\_\_  
First Middle Last

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 5: \_\_\_\_\_ Child 6: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home/Cell Phone No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

We would like to get in touch with you; may we contact you? \_\_\_\_\_

Best way to contact you- phone or email: \_\_\_\_\_

In case of an emergency, we will call: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

How did you hear about the Raritan Bay Area YMCA: \_\_\_\_\_

**FAMILY DEMOGRAPHICS (Optional)**

The following information will be used for data collected by the YMCA of the USA only and for grants submissions, which will allow us to create and implement positive programming throughout the community. We ask you to voluntarily provide the following demographic information \*Please note, this information is completely confidential and in no way **whatsoever** affects your membership.

- Ethnicity:  American Indian  African American-Black  Hispanic/Latino  
 Alaskan Native  Caucasian-White  Asian / Pacific Islander  
 Other \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widow  Separated

Annual Household Income:

- Less than \$13,999  \$14,000-\$24,000  \$25,000-\$39,999
- \$40,000-\$54,999  \$55,000-\$74,999  \$75,000 and over.

## FAMILY HEALTH HISTORY

Being more active is safe for most people, however, some people should check with their doctor or health care provider before they start becoming much more physically active. If you are planning to begin a new physical activity program, start by answering the questions below.

If you are between the ages of 18 and 69, the questionnaire will tell you if you should consult with a health care professional before you begin. If you are over 69 years of age and you are not used to being very active, consult your doctor.

Common sense is your best guide when answering these questions. Please read the questions carefully and answer each honestly; check YES or NO. *All responses will be kept confidential.*

YES	NO	
___	___	Has your doctor ever said that you or anyone in your household have a health condition and that you or the household member should only do physical activity recommended by a doctor?
___	___	Do you or anyone in your household feel chest pains when you do physical activity or have any heart problems?
___	___	Do you or anyone in your household lose balance because of dizziness or do you ever lose consciousness?
___	___	Do you or anyone in your household have a bone or joint problem that could be made worse by a change in your physical activity?
___	___	Is your doctor currently prescribing medication for your blood pressure or heart condition to any one in your household?
___	___	Do you or anyone in your household have asthma or any other lung problems?
___	___	Do you or anyone in your household have diabetes or other metabolic disorders?
___	___	Do you or anyone in your household know of any other reason why you should not partake in physical activity?

**IF YOU ANSWERED YES TO ONE OR MORE OF THE QUESTIONS... STOP HERE AND HAND IN QUESTIONNAIRE TO FRONT DESK!**

Talk with your health care professional BEFORE you begin your fitness program or BEFORE you have a fitness appraisal. Tell your doctor about this questionnaire and which questions you answered YES. You may be able to do any activity you want, as long as you start slowly and build up gradually. Speak to your doctor about the kinds of activities you wish to participate in and follow that advice. Find out which programs are safe and helpful for you.

### If you answered NO to all questions...

If you answered NO honestly to all QUESTIONNAIRE questions, you can be reasonably sure that you can 1) start becoming more physically active: begin slowly and build up gradually; this is the safest and easiest way to go and, 2) take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

### Delay becoming more active if...

- 1) You are not feeling well because of a temporary illness such as a cold or fever (wait until you feel better), or
- 2) If you are or may be pregnant (talk to your doctor before becoming more active).

If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**NOTE:** If the questionnaire is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. All questions were answered to the best of my ability.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### Areas of Interest: (Please check all applicable areas)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Aquatic Program     | <input type="checkbox"/> Senior Programs               | <input type="checkbox"/> Safety              | <input type="checkbox"/> Health Screenings  |
| <input type="checkbox"/> Childcare           | <input type="checkbox"/> Family Programs               | <input type="checkbox"/> Enrichment Programs | <input type="checkbox"/> Nutrition Programs |
| <input type="checkbox"/> Stress Management   | <input type="checkbox"/> Fitness Classes               | <input type="checkbox"/> Personal Training   | <input type="checkbox"/> Fitness Center     |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Parent/Child Classes          | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> CPR/First Aid      |
| <input type="checkbox"/> Cancer Awareness    | <input type="checkbox"/> Weight Room/Strength Training |  |   |

### Check One:

- Regular Exerciser  
 Non-exerciser considering starting for the first time.  
 Current non-exerciser who has done some previously and is considering starting again.  
 Joining for reasons other than health and wellness.  
 Unknown.

Do you have Health Insurance: Yes No If Yes, Please Specify the Provider \_\_\_\_\_

**Prior to any physical activity, we recommend that you consult your family physician.** In consideration of my participation in the activities of the Raritan Bay Area YMCA, I do hereby agree to hold free from any and all liability the Raritan Bay Area YMCA and its respective officers, employees and members and do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may hereafter accrue to me arising out of or connected with my participation in any activities of the Raritan Bay Area YMCA. **I do hereby declare myself to be physically sound and able to participate in the activities of the YMCA.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Under the age of 18- Signature of Parent/Guardian required

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date