

YMCA of Boulder Valley
Employment Verification Form for School Age Programs & Camps

This section must be filled out by the person applying for funds:

I (print name) _____ give permission to YMCA Financial Assistance Committee Members to contact my employer at any time to confirm my employment and gain information concerning my salary/wage, hours and days of employment, and hire/termination dates. I give my employer permission to contact the YMCA of Boulder Valley concerning any changes in my employment or wage/salary.

Employee Name _____ Signature _____ Date _____

To be used for (please mark): Membership _____ Programs _____ School Age Programming/Camp _____

Email Address: _____

Phone (H) _____ (C) _____ (W) _____

Child(ren) Name(s) _____ Grades _____ School _____

To Be Filled Out By Personnel Director
(or direct supervisor if there is not a Personnel Director in the organization)

Please Print Clearly!

Company Name _____ Department _____ Job Title _____

Company Address _____ City _____ Zip _____

Income:

Gross Salary/Wage before deductions: \$ _____ per hour \$ _____ per month

The employee receives paychecks ___ daily ___ weekly ___ bi-weekly ___ monthly ___ other

Does the employee receive overtime? ___ yes ___ no At what rate \$ _____ How often? _____

Does the employee receive commission outside his/her salary/wage? ___ yes ___ no

If so, at what rate? \$ _____ What is the average per pay period? \$ _____

Does employee have retirement account? No Yes ___ mandatory deduction ___ deduction determined by employee

Date of Hire _____ **Position is:** ___ permanent ___ temporary **expected end date** _____

Hours scheduled to work (please list specific times each day):

Mon ___ to ___ *Tues* ___ to ___ *Wed* ___ to ___ *Thurs* ___ to ___ *Fri* ___ to ___ *Sat* ___ to ___ *Sun* ___ to ___

Notes:

Human Service Rep. or Supervisor Name _____ Job Title _____ Dept _____

Relationship to Employee _____ Best Hours to contact you _____

Phone # _____ Email Address _____

Print Name _____ Signature _____ Date _____

Due to the confidentiality of this information, please return it to the employee to include with other documentation.

YMCA contact information 303-443-4474 x 2001
School Age Program - Afterschool@ymcabv.org
All Summer Camps – Funinthesun@ymcabv.org

