



MEMBERSHIP APPLICATION

A \$100 non-refundable membership expires annually.

Exact cash or credit card is required at orientation.

<input type="checkbox"/>	New Member
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Member-Displaced
<input type="checkbox"/>	New-Displaced

BGCNV
Main Office
601 Wall Street
Chico, CA 95928
(530)899-0334
<https://bgcnv.org/>

- Please check the box of the site you are applying for:
- Chico Clubhouse (grades K-4): 601 Wall Street, Chico (530) 899-0335
 - Chico Phoenix Club (grades 5-7): 535 Wall Street, Chico (530) 487-8636
 - Chico Teen Center (grades 8-12): 628 Wall Street, Chico (530) 879-5653
 - Hamilton Elementary School (grades K-8): 277 Capay Ave., Hamilton City (530) 826-3474 x5035
 - Oroville Teen Center (12-17 years): Rooms 1018 & 1019, 2380 Las Plumas Ave., Oroville (530) 533-3139
 - Paradise Ridge Elem. (grades K-6): Rooms 109 & 110, 5657 Recreation Drive, Paradise (530) 872-6415 x2109
 - Paradise Intermediate (grades 7-8): at PHS, Room 139; 5911 Maxwell Drive, Paradise (530) 872-6425 x3139
 - Pine Ridge Elementary (grades K-6): Rooms 28, 29 & 30, 13878 Compton Dr., Magalia (530) 413-9232

This application must be completed on both sides by a *legal guardian* in order to join the Boys & Girls Club. The information provided will be kept confidential and will be used for statistics, funding, and grant requirements for the Club. Membership is available for young people ages 5-18.

ALL ORIENTATIONS ARE MANDATORY AND BY APPOINTMENT ONLY

Is your family displaced due to the Camp Fire? Yes or No

MEMBER INFO	Member Name _____	Home Phone _____
	Birth Date _____ Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Mailing Address _____ City _____	Zip Code _____
	Current School _____ Grade _____	School Year _____
	Previous School _____ Student ID # _____	
<input type="checkbox"/> My child has an IEP (Individualized Education Plan) - Please attach a copy to help make your child's experience successful		

MEDICAL	Insurance Company _____	Policy Number _____
	Preferred Physician _____	Physician Phone _____
	Preferred Hospital _____	Hospital Phone _____
	Allergies, Disabilities, Medical Issues & Medications: _____	

HOUSEHOLD	Head of Household Name _____	Relationship _____
	Mailing Address _____	City _____ Zip Code _____
	Employer _____	Job Title _____
	Cell Phone _____	Work Phone _____ Home Phone _____
	Email Address _____	

OTHER GUARDIAN	Other Guardian Name _____	Relationship _____
	Mailing Address _____	City _____ Zip Code _____
	Employer _____	Job Title _____
	Cell Phone _____	Work Phone _____ Home Phone _____
	Email Address _____	

MILITARY INFORMATION

Is any parent/guardian of this child a member of the military? No Yes Branch _____

Name of Serviceperson _____ Start Date _____ End Date _____

EMERGENCY CONTACT INFORMATION

Contact Name(s) _____	Relationship _____
Phone Numbers _____	
Contact Name(s) _____	Relationship _____
Phone Numbers _____	

Are you or another primary caretaker in your household an "essential employee"? Yes or No

My household's employment has been affected by COVID:
 Yes or No (if yes, then please choose below)

Furloughed/Reduction in Hours
Laid Off

Please share any other information that will help our staff enhance your child's experience at the Club:

FAMILY INFORMATION

Member Race <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Declined/Other	Annual Household Income <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$60,001 and above	Programs Utilized (check all that apply) <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch Program <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> Veterans Compensation	Members Lives With: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Group Home <input type="checkbox"/> Father Only <input type="checkbox"/> Father & Stepparent <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother & Stepparent <input type="checkbox"/> Shared Custody <input type="checkbox"/> Declined/Other
Residency Information <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Temporarily Doubled Up <input type="checkbox"/> Hotel/Motel		<input type="checkbox"/> Temporary Housing <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> Other	FAMILY SIZE -----

GUARDIAN AGREEMENT

INITIAL

**** Please initial in the boxes provided and sign at the bottom of white box.****

	I hereby give permission for my child to become a member & participate in Boys & Girls Clubs of the North Valley activities.
	I understand the Club is not responsible for the time or manner in which my child may arrive or leave the Club. The club and its properties are not responsible for personal injury or loss of property.
	I permit the Club to use photographs or video of my child participating in Club activities for social media, events, and local media outlets and waive all rights for compensation.
	In the event of an emergency, I authorize the Club to seek medical attention & transportation for my child if deemed necessary.
	I have been given all information at the orientation on the appropriate use of computers at the Club. I give consent to my child to use e-mail and the internet while at the Club according to the rules outlined by Staff and the Orientation Manual.
	I agree that this \$100 annual membership fee is non-refundable.

AUTHORIZATION FOR INTERAGENCY EXCHANGE OF CONFIDENTIAL INFORMATION

I give permission for the release and exchange of confidential information within this membership application. I also give permission for the release and exchange of confidential information (i.e. STAR testing data, grades, other school related data, and all other confidential related data) from the following sources in order to provide programs and coordinate services for my child: (Bangor Union Elementary School District, Butte County Office of Education, Butte County Probation Office, Chico Police Department, Chico Stewardship Network, Chico Unified School District, Glenn County Office of Education, Hamilton Elementary School, Juvenile Justice Crime Prevention Act 2000, Office of Justice Programs, Oroville City Elementary School District, Oroville Police Department, Oroville Union High School District, Palermo Union School District, Paradise Police Department, Paradise Unified School District, PIVOT Charter School, Thermalito Union Elementary School District, Town of Paradise, and Victor Community Support Services). I understand that my records are protected under federal confidentiality regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I may withdraw this consent at any time except to the extent that action has been taken in reliance on it. This release will be in effect as long as the child has membership at the Club.

MEMBER AGREEMENT: I agree to take care of my Club and property. I will abide by the rules of the Club at all times. As a user of the BGCNV computer network, I agree to comply with the stated rules and to use the network in a constructive manner. If at anytime I am asked to return my Club card, I understand no dues will be returned to me.

_____ **Date** _____ **Guardian Signature** _____ **Member Signature**

STAFF USE ONLY: Staff Initial & Date

STAFF NOTES:

INTAKE INFO	PAYMENT INFO	DATA ENTRY
<input type="checkbox"/> Renewal <input type="checkbox"/> Attended Orientation <input type="checkbox"/> Scholarship App Rec. <input type="checkbox"/> Referral Info Rec.	<input type="checkbox"/> Cash Receipt #: <input type="checkbox"/> Credit Card <input type="checkbox"/> Scholarship <input type="checkbox"/> Camp Fire Displacement Date Paid: _____	<input type="checkbox"/> File Made <input type="checkbox"/> Entered Into DB <input type="checkbox"/> Card Completed <input type="checkbox"/> Additional Doc.