



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Charlotte
Emergency Staff Relief Fund Application

Name:

Date:

Branch/Camp/Location:

Job Title:

Phone Number:

Email Address:

Address:

Preferred Method of Communication:

What type of assistance is needed?

Housing

Groceries

Medical

Critical bill (i.e. car)

Utilities

Other

Description of Need: Please describe your current financial/resource situation and explain your specific request. Attach any appropriate documentation that will support your request [**please do not provide any medical information, including names of prescriptions*].

Describe specifically what is needed, how much, and duration (i.e. rent/mortgage, power, water, medicine, etc. along with supplemental documentation detailing amounts) [**please do not provide any medical information, including names of prescriptions*].



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How many people live in your household with you? _____

Please list relationship to you and their age:

If requesting financial assistance, how much is needed and by what date?

Amount needed:

Date needed:

Signature of applicant: _____ Date: _____

Please complete and send this form to your executive director or senior leader. The appropriate leader will review your information and follow-up with you within one week regarding your request. Please ensure you have included your contact information so you may be reached.

Staff reviewing request: _____ Date Reviewed: _____

Signature of additional tier approvers (if applicable):

For Office Use Only:

Date request approved: _____

Amount approved: _____

Date approval communicated to requesting employee: _____