

REQUIRED FOR INDEPENDENT DUTY CATEGORY ONLY

Service Members/Commands/Units: Please complete ALL information on this form electronically. You are entirely responsible for the correct completion of this form.

Directions:

1. Complete Command Information section
2. Complete YMCA Information section
3. Obtain Commanding Officer / Officer in Charge signature
4. Obtain Service Branch POC Signature (via email)- list provided on page 8

If renewing your membership, please attach a copy of your original approved request with a command memorandum stating your continued eligibility for this program.

UNIT REQUEST FOR INDEPENDENT DUTY PERSONNEL (IDP)
FITNESS MEMBERSHIPS/RESPITE CHILD CARE AUTHORIZATION
DoD Military TITLE 10 ONLY
PLEASE FILL ELECTRONICALLY OR WRITE LEGIBLY

COMMAND INFORMATION:

Command/Unit Name:

Street Address:

City: State: Zip code:

Command/Unit POC:

Phone: Fax: POC Email:

Duty Address if different than Command Address

Street Address:

City: State: Zip code:

Number of Active Duty Personnel eligible to participate (Title 10 Only):

YMCA INFORMATION:

Number of Active Duty Personnel requesting memberships:

YMCA Name:

Street Address:

City: State: Zip code:

YMCA POC:

YMCA POC Phone Number: YMCA POC Email:

Rate/Rank/Full Name of each Service Member (please add an additional page if necessary):

- | | |
|-----|-----|
| 1. | 11. |
| 2. | 12. |
| 3. | 13. |
| 4. | 14. |
| 5. | 15. |
| 6. | 16. |
| 7. | 17. |
| 8. | 18. |
| 9. | 19. |
| 10. | 20. |

REQUIRED FOR INDEPENDENT DUTY CATEGORY ONLY

Membership Requirement: (This section must be included with the request for IDP membership and signed by CO/OIC)

Federal DoD Title 10 Only

It is the Command's responsibility to ensure all eligible command members are notified of the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of YMCA membership at this duty station or future duty stations. Failure by the command to make this requirement known will not be a basis for waiver consideration at the time of renewal.

- **Members are required to attend the YMCA Facility a minimum of 8 calendar days per month.** It is the Service member's responsibility to ensure their visits are accurately registered via card swipe or log book, etc.
 - Family visits count towards meeting the 8 calendar day visit per month but multiple visits on the same day count as only ONE CALENDAR DAY for purposes of meeting the monthly minimum requirement.
- The IDP application must be completed in its entirety or will be returned to the command. All applicable information (names, addresses, POC's, phone, email, etc.) must be included. Failure to do so will result in a delay in processing this request.

Renewal Requirements:

- **YMCA Renewals:** Each service member must re-complete a YMCA/DoD Eligibility Form and attach the ORIGINAL unit approved/signed IDP Request to the YMCA facility. The local YMCA facility submits this with attendance records for reimbursement.

The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:

I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six months. This command does not pay for fitness memberships for our personnel and this command does not have access to a free fitness facility at or near this location. I understand that each member must have 8 calendar days per month attendance on their membership in order to be eligible for renewal in six months or reinstatement at a follow on command, if applicable.

Signature/Date: _____
Printed Name/Rank: _____
Title: _____
Email: _____
Phone Number: _____

**The following statement must be on each request and signed by a Service Branch Point of Contact-
***Signature must be obtained by the service member(s) via email from the appropriate contact on the Service Branch POC List:**

Request for Independent Duty Personnel fitness memberships is Approved Disapproved.
The above named personnel are also authorized Respite Child Care at YMCAs that meet DOD criteria.

Signature/Date: _____

REQUIRED FOR INDEPENDENT DUTY CATEGORY ONLY
SERVICE BRANCH POINT OF CONTACT LIST- MAY 2017

ARMY:

Army Recruiting Command:

usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil

Army- All Other IDP Requests:

usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil

AIR FORCE:

Air Force- All IDP Approvals:

aaron.smelser@us.af.mil

laron.collins@us.af.mil

MARINE CORPS:

Marine Forces Reserve:

rick.martinez1@usmc.mil

Marine Corps Recruiting Command:

gilbert.macias@marines.usmc.mil

Marine Corps- Other IDP Requests:

Ryan.Massimo@usmc-mccs.org

NAVY:

Navy- All IDP Approvals:

usnymca@navy.mil