



YMCA Welcome Home Program Application Form

Name: _____ D.O.B. _____

Address: _____

Phone Number: _____ Email: _____

Military Branch: _____ Dates of Service in Iraq/Afghanistan: _____

If injured while in service, brief description of injuries:

If treated in a V.A. facility or clinic, location: _____ Dates: from _____ to _____

Brief explanation of what you hope to gain from your YMCA membership:

If referred by Mass Department of Veterans' Service, V.A., local Veteran's Agent, etc:

- Printed name of person making referral: _____
- Organization: _____ Phone number: _____
- Signature: _____

YMCA you would use once accepted (see list below):

Participating YMCA of Greater Boston Locations: (8 in the city of Boston, 4 in suburban towns):
Charlestown YMCA, Wang YMCA of Chinatown, Roxbury YMCA, Dorchester YMCA, East Boston YMCA,
Huntington Avenue YMCA (Back Bay/Fenway), West Roxbury YMCA, Oak Square YMCA
(Allston/Brighton), Burbank YMCA (Reading), North Suburban YMCA (Woburn), Waltham YMCA, and
Charles River YMCA (Needham).

Mail, fax, or email completed application to:

Jim Cimmino
Charlestown YMCA
150 3rd Avenue, Charlestown Navy Yard
Boston, MA 02129

Fax: 617.241.2856/phone: 617.241.8400 x3004/email: jcimmino@ymcaboston.org

*Please include your V.A. Disability Rating form and a copy of your DD 214. You may call the V.A. at 800-827-1000 for information on getting these documents.