World YMCA Retiree & Staff Emergency Assistance Fund – Secours Speciaux

Date ………………………

1. Name: .................................................................................................
2. Date of Birth: .............................Country of Birth........................................
3. Current Residence: .................................................................................

City Country

Telephone:............................................................................................

Email:..................................................................................................

1. Work History: Last Country served ………………………………………………………………………………..

Name of National YMCA Movement

|  |  |  |
| --- | --- | --- |
| Place of Work | Position | Dates from – to |
|  |  |  |
|  |  |  |
|  |  |  |

1. Number of Years as YMCA employee............Start Year ……………
2. If retired, state retirement year ...............and last annual salary......................

8. How much income do you currently receive **annually** from (name your currency):

Total Annual Family Income

Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Government scheme ..............................

 Private pension scheme ..........................

 Annual Salary…………………………………………………..

 Other sources .......................................

Explanation, if needed..............................................................................

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1. **Assistance requested for**: (check reasons why you are requesting the SS support):
* Medical help Natural disaster Inadequate/no pension other

Explain:................................................................................................

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1. Please provide back up information: (eg. invoices, medical bills, doctors certificates etc)

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1. Amount requested: Please explain how much of a grant you are requesting, and why

Amount: .......................

Explanation:...........................................................................................

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Applicant Signature:.....................................................................................

Name and Signature of person assisting in completing this application:

Name (print)……………………………………………………………………Signature……………………………..……….

Email: ………………………………………………………….…Phone:…………………………………………………………..

Relationship to applicant ……………………………………………………………………………………………………..

Send to: World YMCA, Chemin de Mouille-Galand 1, Vernier Geneva, Switzerland

 Email original application to: office@ymca.int

Copy to: National General Secretary in the Country they last served as a YMCA staff member so they can confirm, via an email to the World YMCA office, that:

* The individual for whom this application is being filed is an active YMCA staff member, or has been retired from YMCA service in good standing.
* There is no Emergency Assistance Fund in their national movement that can take care of humanitarian cases on behalf of YMCA staff or retirees.