



CIRCLE LEADER APPLICATION

Full Name: _____

Today's date: ____ / ____ / ____
Month Day Year

Birthdate: ____ / ____ / ____
Month Day Year

Address: _____
Street Address City State Zip Code

Cell phone with area code: _____

Other number with area code: _____

Email address: _____

Place of Employment: _____

Mark the box with your preferred method of contact:

Call My Cell Phone Text me Email Me Call My Other Number

Please write "Yes" in the boxes corresponding to when you are available.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Please list your children (age 18 and under)

Child's name	Age	Would attend children's program?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list anyone else living in your home and their relation to you.



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2022 Federal Poverty Guidelines				
Household Size	100% (Poverty Line)	150%	185%	200%
1	\$13,590	\$20,385	\$25,142	\$27,180
2	\$18,310	\$27,465	\$33,874	\$36,620
3	\$23,030	\$34,545	\$42,606	\$46,060
4	\$27,750	\$41,625	\$51,338	\$55,500
5	\$32,470	\$48,705	\$60,070	\$64,940
6	\$37,190	\$55,785	\$68,802	\$74,380
7	\$41,910	\$62,865	\$77,534	\$83,820
8	\$46,630	\$69,945	\$86,266	\$93,260
Add for each additional	\$4,720	\$7,080	\$8,732	\$9,440

- Live at or below 185% of the Federal Poverty Guidelines? Yes No
- At least 18 years old Yes No
- Speak and read English Yes No
- Able to attend weekly classes or meetings Yes No
- Motivated to learn and apply new ideas Yes No
- Are you willing to build relationships across class and cultural lines? Yes No
- Supported and encouraged by family to participate in Circles Yes No
- Has been in recovery for at least the past 6 months if history of alcohol or other addiction? Yes No
- Relatively stable (not currently homeless, dealing with domestic or drug abuse) Yes No



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What languages do you speak fluently?

How did you hear about Circles?

What training or skills do you already have?

What training or skills would you like to have?

What are your hobbies, interests, or passions?

Do you belong to any groups or community organizations?

What interests you about being a Circle Leader?

What are you good at? What are you not so good at?

What frustrates you the most about people?

What aspect of friendship is the most important to you?

What would you like us to know about you before we work together?

Background checks are required for participation in any activities where children may be present. This information also may help Circles to support you better if you are experiencing barriers related to having a record, such as voting rights, housing, and employment.

Have you ever been convicted of a felony? Yes No If yes, explain:

Do you currently have a court case pending? Yes No If yes, explain:



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STATEMENT OF CONFIDENTIALITY

I agree to ensure the confidentiality and privacy of all who participate including Circle Leaders, Allies, volunteers, and staff. I understand that the fact that an individual is served by Circles must be kept confidential, and at no time will I disclose personal information that is shared at Circles meetings.

I understand that Circles maintains a strict policy on the confidentiality of my records. All information I share or which Circles becomes aware of through my involvement will remain confidential and will not be shared with anyone outside of Circles unless I have given my written permission.

I understand that there are some situations where this confidentiality policy becomes void and staff are required by law to release information. These circumstances include: (1) If Circles becomes aware that I may be a danger to myself or others; (2) If Circles become aware of an adult, elder, or child abuse situation taking place; (3) If Circles is under court order to share information.

Signature: _____ Date: _____

MEDIA RELEASE - ADULT

Your Circles chapter, legally named _____, together with Circles USA, (jointly referred to as "Circles") sometimes use photos and videos of participants and volunteers in social media and promotional materials. Please read the below media release and sign if you agree to these terms.

I grant permission to Circles to use my image (whether photograph or video) in its media publications including emails, brochures, publications, presentations, videos, social media, and websites. I waive any and all rights to inspect or approve of the photographs or media prior to their use. I waive any rights to royalties or compensation arising from use of these images.

Yes No Myself

Yes No My children until they are 18 years old

Signature: _____ Date: _____