

Circle Ally Exit Form 2017

Circle Ally Name: _____

Status (Circle One): **Initial** **6 Months** **12 Months** **18 months** **Post 18 Months**

I, the Circles community member, respectfully acknowledge that I will be exiting from Circles Orange County due to the following reason(s):

Please Check All that Apply

- ____ I am ready to leave Circles
- ____ I have completed my goals
- ____ I have completed my original commitment
- ____ I have current life circumstances that do not allow me to participate in Circles
- ____ I believe I have accomplished all that I am able to accomplish through Circles

My signature below confirms that, in order to ensure that my Matched Circle, the Circles Community, and Circles Staff have continued to receive the support and care I committed to give as a Circles community member, I have contacted and discussed my decision with the Circles Staff and informed my Matched Circle of my decision to exit Circles.

I fully understand that if I choose to return to the Circles Orange County community, I must first notify Circles Staff and discuss where I would best fit into the Circles Orange County community structure at the time of my return, as well as attend any required updated training.

Circle Ally Printed Name

Circle Ally Signature

____/____/____
Date

Circles Coordinator Signature

____/____/____
Date

Circles Coach Signature

____/____/____
Date