

Circle Ally Leave of Absence Agreement 2017

Circle Ally Name:
I, the Circles community member, respectfully acknowledge that I will be taking a temporary Leave of Absence from full-time activity in Circles Orange County starting on, for a period of 6 months or 12 months While I am taking my temporary Leave of Absence, I still wish to be involved in the following ways:
Please Check All that Apply
Serve on a Speakers' Bureau
Serve on the Guiding Coalition
Serving on a Guiding Coalition Team
Help with Circles Info Meetings and sharing my story
Attend Big View/Community Focused Meetings
Receive Circles Emails and Announcement
Participate in Workdays and/or Family Fun Nights when offered
Provide assistance with food service
Provide donations of food
Provide assistance with childcare
I desire to opt out of all Circles related activity and communication with Circles Staff until further notice.
Provide a Learning Experience on Community Learning on the following topic(s):

Other:

My signature below confirms that I have completed the appropriate steps to ensure that my Circle, the Circles community, and Circles Staff have continued to receive the support and care I committed to give as a Circles community member. These steps are as follows:

- > Contacted and discussed my Leave of Absence decision with the Circles Staff
- > Informed and discussed my decision to take Leave of Absence with my Circle
- > Ensured the Leave of Absence paperwork was understood, signed, and returned

Circle Ally Printed Name	
	/
Circle Ally Signature	Date
Circles Coordinator Signature	/
Circles Coach Signature	//