

CIRCLE LEADER APPLICATION 2017

Contact Information	
Name	
Address	
Cell Phone	
Home Phone	
Place of Employment	
Work Phone	
E-Mail Address	
Preferred Method of Contact & Best Time	
Personal Information	
Date of Birth	
Race/Ethnicity	
Marital Status	
Gender	

Availability	
<input type="checkbox"/> Weekday mornings Mon Tue Wed Thu Fri	<input type="checkbox"/> Weekend mornings Sat Sun
<input type="checkbox"/> Weekday afternoons Mon Tue Wed Thu Fri	<input type="checkbox"/> Weekend afternoons Sat Sun
<input type="checkbox"/> Weekday evenings Mon Tue Wed Thu Fri	<input type="checkbox"/> Weekend evenings Sat Sun

Primary Criteria
<input type="checkbox"/> Live between 100% to 200% of the Federal Poverty Guidelines
<input type="checkbox"/> At least 18 years old
<input type="checkbox"/> Speak and Read English
<input type="checkbox"/> Able to attend Weekly Classes or Meetings on Tuesday Nights
<input type="checkbox"/> Motivated (interested in learning and applying new ideas)
<input type="checkbox"/> Willing to build intentional relationships across class and cultural lines
<input type="checkbox"/> Family supports and encourages involvement in Circles program
<input type="checkbox"/> If history of alcohol or other addiction has been in recovery for at least the past 6 months
<input type="checkbox"/> Relatively stable (not currently homeless or dealing with domestic abuse)

Family Information

Child Name (s)	Age (s)

Background Information

1) Summarize skills, qualifications, and or training you have acquired from employment, education, life experience or through activities, including hobbies or sports. Passions and talents you would like to share with others.

2) List community/social/faith-based groups and organizations you are involved with that referred you or that you may be able to share with a participant.

How did you hear about Circles?

What about being a Circle Leader is of interest to you?

What would you like an Ally to know about you before being matched?

What behaviors do you find most frustrating in people?

I am really good at:

I am not so good at:

Have you ever been convicted of a felony? Yes No
Currently have pending court cases? Yes No
Any active warrants? Yes No
If yes, please explain:
(Note: Background Checks will be a requirement for participating in any activities where children may be present)

Person to Notify in Case of Emergency	
Name	
Address	
Home Phone	
Work Phone	
E-Mail Address	
Relation to You	
Agreement and Confidentiality Statement	
As a participant of Circles I understand that I must ensure the confidentiality and privacy of all those who participate including Allies, volunteers, and staff. I further understand that the fact an individual is served by Circles must be kept private and confidential, and at no time shall I disclose personal information that is shared in Circles.	
Name (printed)	
Signature	
Date	

**Thank you for completing this application form and for your interest in
Participating in Circles Orange County!**

**Please complete and return to:
Attn: Circles Orange County
St. Luke's United Methodist Church
4851 S. Apopka-Vineland Road
Orlando, FL 32891**

You can contact the Circles Coach at tkelly@st.lukes.org to discuss any questions or concerns you have about participating in Circles Orange County.

<i>For Admin Use Only</i>	
Application Completed	_____
Commitment Agreement	_____
Database Entry	_____
Admin Initials & Date	_____