

Circle Commitment Agreement 2017

I, the Circles® Community Member, commit to work with my Circle for a period of 18 months (renewable in 6 month increments) in ways listed below:

1. Understanding that the more we meet together, the stronger community becomes, I will attend all scheduled group activities appropriate for my role unless I have notified someone from the community and have a valid reason not to.
2. I will communicate with my Circle at least weekly, using email or other means in between individual Circles meetings or when it is not possible to meet in person.
3. I will meet with my individual Circle twice a month for one hour.
4. As a group, we will work toward SMART Circle Leader goals, Ally goals, building relationships, building resources, enriching the larger Circle and making an impact in the community.
5. I know that all people are necessary for making the Circle work best. Therefore, I acknowledge that my skills, assets and resources, combined with the resources of others in the Circle, are essential, meaningful and helpful in making this Circle successful.
6. I will work on behaviors, ideas or conflicts that interfere with progress toward Circle goals and/or affect the quality of life of the members of the Circle. I'm willing to address conflict in a reasonable, respectful and assertive way, with help from Circles Staff when necessary.
7. I will forward notes taken at Circle meetings monthly to the Circles® Coach.
8. I will meet as scheduled with the Circles® Coach, including 6 month data collection times for Allies and Circle Leaders.
9. I commit to the next 6 months in Circles. If I desire to leave Circles at any time, I agree to notify Circles Staff first, discuss with Staff any issues I am comfortable discussing, complete the Circles Exit or Leave of Absence paperwork, and meet with my Matched Circle to share my decision in a way that is considerate and not threatening or accusatory.

Community Member Printed Name

Commitment Agreement Time Frame

Community Member Signature

From: ____/____/____ **To:** ____/____/____
Month/Year Month/Year

____/____/____
Date

Are you willing to have your picture or video taken as part of our documenting Circles progress Storytelling, and goals attained? Pictures and video will be used by St. Luke's UMC, Circles Orange County or Circles USA. Video segments would not be used further without your knowledge or consent.

_____ Yes _____ No

Signature (Please Sign If Checked Yes)