



**CIRCLE LEADER APPLICATION**

<b>Contact Information</b>	
Name and Age	
Address	
Cell Phone	
Home Phone	
Place of Employment	
Work Phone	
E-Mail Address	
Preferred Method of Contact/ Best Time	
<b>Availability</b>	
<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

<b>Primary Criteria</b>
<input type="checkbox"/> Live at or below 185% of the Federal Poverty Guidelines (see page 4)
<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
<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)
<b>Family Information</b>
Child Name <span style="margin-left: 150px;">Age</span>

**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	

**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 with Circles!**

**You can mail your application to:**

Gobin United Methodist Church  
305 Simpson Street  
Greencastle, IN 46135

## 2018 Federal Poverty Guidelines

Household Size	100% (the poverty line)	150%	185%	200%
1	\$12,140	\$18,210	\$22,459	\$24,280
2	\$16,460	\$24,690	\$30,451	\$32,920
3	\$20,780	\$31,170	\$38,443	\$41,560
4	\$25,100	\$37,650	\$46,435	\$50,200
5	\$29,420	\$44,130	\$54,427	\$58,840
6	\$33,740	\$50,610	\$62,419	\$67,480
7	\$38,060	\$57,090	\$70,411	\$76,120
8	\$42,380	\$63,570	\$78,403	\$84,760
<b>For each additional person add:</b>	\$4,320	\$6,480	\$7,992	\$8,640

Source: U.S. Health and Human Services <https://aspe.hhs.gov/poverty-guidelines>