



CIRCLES VOLUNTEER APPLICATION

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

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"/> Speak and Read English
<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 Age

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 Circles volunteer is of interest to you?

Weekly Meeting Meal/Kitchen Volunteer
Childcare
Assist on a Resource Team

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	
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Address	
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Home Phone	
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Work Phone	
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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)	
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Signature	
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Date	
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Thank you for completing this application form and for your interest in participating with Circles!

Email completed form to lyn.circlesputco@gmail.com or mail to Gobin UMC, 305 Simpson Street, Greencastle, IN 46135.