



# Circles Leader Application

Full Name: \_\_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Cell phone with area code: \_\_\_\_\_

Other number with area code: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Mark the box with your preferred method of contact:**

Call My Cell Phone    Text me    Email Me    Call My Other Number

**Please write "Yes" in the boxes corresponding to when you are available.**

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please list your children (age 18 and under)**

Child's name	Age	Would attend children's program?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



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Please list anyone else living in your home and their relation to you.

Name	Age	Relation

<b>2021 Federal Poverty Guidelines</b>				
Household Size	100% (Poverty Line)	150%	185%	200%
<b>1</b>	\$12,880	\$19,320	\$23,828	\$25,760
<b>2</b>	\$17,420	\$26,130	\$32,227	\$34,840
<b>3</b>	\$21,960	\$32,940	\$40,626	\$43,920
<b>4</b>	\$26,500	\$39,750	\$49,025	\$53,000
<b>5</b>	\$31,040	\$46,560	\$57,424	\$62,080
<b>6</b>	\$35,580	\$53,370	\$65,823	\$71,160
<b>7</b>	\$40,120	\$60,180	\$74,222	\$80,240
<b>8</b>	\$44,660	\$66,990	\$82,621	\$89,320
<b>Add for each additional</b>	\$4,540	\$6,810	\$8,399	\$9,080

Is your household income above 200% of the Federal Poverty Level, or are you retired and financially stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At least 18 years old	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speak and read English	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Able to attend weekly classes or meetings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motivated to learn and apply new ideas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to build relationships across class and cultural lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supported and encouraged by family to participate in Circles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has been in recovery for at least 6 months if history of alcohol or addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relatively stable (not currently homeless, dealing with domestic or drug abuse)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you speak Spanish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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What languages do you speak fluently? \_\_\_\_\_

How did you hear about Circles? \_\_\_\_\_

Do you belong to any groups or community organizations? \_\_\_\_\_

What are your hobbies, interests, or passions? \_\_\_\_\_

What are you good at? What are you not so good at? \_\_\_\_\_

What behaviors do you find most frustrating in people? \_\_\_\_\_

What aspect of friendship is the most important to you? \_\_\_\_\_

What would you like us to know about you before we work together? \_\_\_\_\_

**Background checks are required for participation in any activities where children may be present.**

Have you ever been convicted of a felony?  Yes  No If yes, explain:

Do you currently have a court case pending?  Yes  No If yes, explain:

Do you have any active warrants?  Yes  No If yes, explain:

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Circles Leader Application

Your Circles chapter, legally named Hilton Head Island Circles Chapter, together with Circles USA, (jointly referred to as “Circles”) request that you agree to the following Code of Conduct and Statement of Confidentiality. Please read them and sign below to indicate your agreement with these statements.

### CODE OF CONDUCT FOR ALL CIRCLES MEETINGS, ACTIVITIES, AND EVENTS

- *I will dedicate myself to supporting all participants and volunteers.*
- *I will respect the inherent dignity of every person without regard to their race, ethnicity, creed, age, religion, disability, sexuality, or nationality.*
- *I will be honest and strive to be a person of integrity.*
- *I will follow Circles’ rules and policies for volunteers.*
- *I will not engage in activities which may be seen as a conflict of interest between Circles and myself.*
- *I will contribute to a safe environment by not harming others in any way, whether through discrimination, harassment, exploitation, abuse, or neglect.*
- *During meetings, I will not be under the influence of illegal drugs or alcohol.*
- *If I need to end my commitment to Circles, I will step down considerately and in a way that minimizes disruption to the community.*

***If you are interested in learning more about volunteering as an Ally for Circles, please contact Karen Bittman at [kbittman@me.com](mailto:kbittman@me.com).***

Or, return this form to: Hilton Head Island Deep Well Project

Physical Address:  
80 Capital Drive  
Hilton Head Island, SC 29926

Mailing Address:  
P.O. Box 5543  
Hilton Head Island, SC 29938

Shavonne Vasquez, HHI Circles Chapter Manager

E) [Circles@deepwellproject.org](mailto:Circles@deepwellproject.org)

W) 843-785-2849



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## **Confidentiality and Media Release Acknowledgment**

### **Statement of Confidentiality**

*I agree to ensure the confidentiality and privacy of all who participate including Circle Leaders, Allies, volunteers, and staff. I understand that the fact that an individual is served by Circles must be kept confidential, and at no time will I disclose personal information that is shared at Circles meetings.*

*I understand that Circles maintains a strict policy on the confidentiality of my records. All information I share or which Circles becomes aware of through my involvement will remain confidential and will not be shared with anyone outside of Circles unless I have given my written permission.*

*I understand that there are some situations where this confidentiality policy becomes void and staff are required by law to release information. These circumstances include: (1) If Circles becomes aware that I may be a danger to myself or others; (2) If Circles become aware of an adult, elder, or child abuse situation taking place; (3) If Circles is under court order to share information.*

### **Media Release - Adult**

Your Circles chapter, legally named Hilton Head Island Circles Chapter, together with Circles USA, (jointly referred to as "Circles") sometimes use photos and videos of participants and volunteers in social media and promotional materials. Please read the below media release and sign if you agree to these terms.

*I grant permission to Circles to use my image (whether photograph or video) in its media publications including emails, brochures, publications, presentations, videos, social media, and websites. I waive any and all rights to inspect or approve of the photographs or media prior to their use. I waive any rights to royalties or compensation arising from use of these images.*

Yes     No    Myself

Yes     No    My children until they are 18 years old

Signature: \_\_\_\_\_

Date: \_\_\_\_\_