



Circles Ally Application

1. First and Last Name:
2. Phone Number(s):
M)
H)
3. Email Address:
4. Home Address:
5. Emergency Contact
Name:
Phone:
6. Do you speak Spanish?
7. Any other languages?
8. How did you hear about Circles?
9. Please describe any applicable skills or volunteer experience you have.
10. Do you volunteer at any other local non-profits? If yes, please list which ones.
11. What interests you in volunteering with Circles?

What is your availability? (Check all that apply)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

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:

Signature: _____ Date: _____

If you are interested in learning more about volunteering as an Ally for Circles, please contact Karen Bittman at kbittman@me.com. Or, please complete and return this form to:

Hilton Head Island Deep Well Project
 Shavonne Vasquez, Circles Chapter Manager
 E) Circles@deepwellproject.org
 W) 843-785-2849

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

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

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.*

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

Signature: _____ Date: _____