



## General Volunteer 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?

## 12. Types of Volunteer Opportunities with Circles:

### Community Team

- Hospitality: weekly meeting venue selection; weekly site preparation and tear down; greeter and registration tasks; AV equipment/tech support; parking/security tasks
- Meals: organize weekly meal donations; set up dinner tables and food/drink serving stations; clean up
- Youth Program: be a weekly facilitator/supporter in the care, safety and education of children; implement the Circles Children's Program curriculum

### Recruitment Team

- Publicizes the Circles Program on HHI
- Recruiting Circle Leaders: After training, Circle Leaders commit to moving out of poverty and reaching 200% of the Federal Poverty Guidelines
- Recruit Allies/Mentors: After training, Allies walk alongside a Circle Leader's journey as an intentional friend

### Jobs & Education Team

- Research local economic development agencies and employment opportunities
- Use personal and professional networks for job referrals and placement
- Identify educational options (e.g. GED or TCL) and assist with the application/scholarship processes

### Services Team

- Research local social service agency options and processes
- Make relationships with service providers and facilitate referrals

### Big View Team

- Research local reality of poverty, the cliff effect, a sustainable wage, transportation, childcare, etc.
- Inform community leaders about the local barriers that keep people in poverty and help identify solutions

13. Is there a specific volunteer role or task at Circles that interests you?

- Weekly Meeting Hospitality
- Weekly Meeting Meals
- Children's Program
- Recruitment Team
- Jobs and Education Team
- Social Services Team
- Big View Team

14. Are you available to attend Circles on Wednesdays from 6-8pm?

Yes: I can be there every week

I'm willing to be there occasionally but will not be there every week.

I'm available as follows:

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

If you are interested in volunteering at Deep Well for the Circles Program, please complete and 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

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: \_\_\_\_\_

## **Background Check - Children's Program Volunteers Only**

*The SC Child Care Licensing Law, Section 63-13-40 D(1) et seq., Code of Laws states that in order to be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this sub-article, a Central Registry check must be conducted by DSS to determine any abuse or neglect perpetrated by the person upon a child.*

*Each volunteer must consent to authorize SC DSS Child Care Licensing to conduct a search of the Central Registry of Child Abuse and Neglect. All information provided by SC DSS will be released to The Deep Well Project. The consent is effective for a search of the Central Registry for the purpose of working with children. Although we're not considered a "Licensed" childcare provider we follow the same practice in ensuring our children are in safe hands.*

*The following information is required to submit a background check requisition in SC:*

*Legal First Name    Legal last Name*

*Email*

*DOB*

*SSN*