



6308 S. Warner Avenue PO Box 149 Fremont, MI 49412
 P: 231-924-0641 x 220 F: 231-924-5594 E: mmarciniak@truenorthservices.org

Circle Ally Application

Contact Information	
Name	
Date of Birth (optional)	
Address	
Cell Phone	
Home Phone	
Place of Employment	
Work Phone	
E-Mail Address	
Preferred Method of Contact/Best Time	
Availability	
Mornings	
Mon Tues Wed Thu Fri Sat Sun	
Afternoons	
Mon Tues Wed Thu Fri Sat Sun	
Evenings	
Mon Tues Wed Thu Fri Sat Sun	
Primary Criteria	
<input type="checkbox"/> Live at or above 200% of the Federal Poverty Guidelines (see U.S Department of Health and Human Services website.) OR financially stable if retired.	
<input type="checkbox"/> At least 18 years old	
<input type="checkbox"/> Speak and Read English	
<input type="checkbox"/> Able to attend minimum two meetings per month	
<input type="checkbox"/> Family Supports and encourages involvement in Circles program	
<input type="checkbox"/> If history of alcohol/other addiction has been in recovery for at least the past six months	
<input type="checkbox"/> Relatively stable (not currently homeless or dealing with domestic abuse)	



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Family

Child(ren) Name(s)	Age(s)
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Background Information

- 1) Summarize skills, qualifications, and/or training you have acquired from employment, education, life experience or through activities, including hobbies or sports. Also, any passions and talents you would like to share.
- 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 an Ally is of interest to you?



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What would you like a Circle Leader 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 all participants)



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Emergency Contact

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!