



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

### Circle Leader Application

<b>Contact Information</b>	
Name (first and last)	
Date of Birth	
Address	
County and Zip Code	
Cell Phone	
Home Phone	
Place of Employment	
E-Mail Address	
Preferred Method of Contact/Best Time	
<b>Primary Criteria</b>	
<input type="checkbox"/> At least 18 years old	
<input type="checkbox"/> Able to attend weekly classes	
<input type="checkbox"/> No ongoing drug or alcohol abuse	
<input type="checkbox"/> No undisclosed serious mental illness	
<input type="checkbox"/> Must be willing to work towards self-sufficiency	
<input type="checkbox"/> Must be willing to work honestly with staff	
<b>Family</b>	
Child(ren) Name(s)	Birthdate(s)





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**What about being a Circle Leader is of interest to you?**

**I am really good at:**

**I am not so good at:**

**Criminal History**

Have you ever been convicted of a felony? Yes No  
 Currently have pending court courses? Yes No  
 Any active warrants? Yes No  
 If yes, please explain? Yes No

**(Note: Background Checks will be a requirement for all participants)**

**Income Bracket (annually)**

- |   |  |
|---|--|
| <input type="checkbox"/> \$0- 5,000       | <input type="checkbox"/> \$40,001- 45,000  |
| <input type="checkbox"/> \$5,001- 10,000  | <input type="checkbox"/> \$45,001- 50,000  |
| <input type="checkbox"/> \$10,001- 15,000 | <input type="checkbox"/> \$50,001- 60,000  |
| <input type="checkbox"/> \$15,001- 20,000 | <input type="checkbox"/> \$60,001- 70,000  |
| <input type="checkbox"/> \$20,001- 25,000 | <input type="checkbox"/> \$70,001- 80,000  |
| <input type="checkbox"/> \$25,001- 30,000 | <input type="checkbox"/> \$80,001- 90,000  |
| <input type="checkbox"/> \$30,001- 35,000 | <input type="checkbox"/> \$90,001- 100,000 |
| <input type="checkbox"/> \$35,001- 40,000 | <input type="checkbox"/> \$100,001 +       |



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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!**