



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 Volunteer Application

Contact Information	
Name	
Date of Birth (optional)	
Address	
Primary Phone Number	
E-Mail Address	
Preferred Method of Contact/Best Time	
Availability	
<input type="checkbox"/> On a regular basis <input type="checkbox"/> Occasionally <input type="checkbox"/> I am required to fill _____ hours of volunteer service for (circle one): school, court-appointed community service, employment obligation, other. If other, please explain below.	
<p>Please list days and times that you are available.</p> 	
<p>Do you have your own transportation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interests	
<input type="checkbox"/> Greeter	
<input type="checkbox"/> Donate a meal	
<input type="checkbox"/> Meal prep/cleanup	
<input type="checkbox"/> Join a Resource Team	
<input type="checkbox"/> Childcare	
<input type="checkbox"/> Facilitator	



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Background Information

Please describe any skills, talents, and prior employment or volunteer experiences that may be useful as a volunteer.

Disclosure Information

Have you ever been convicted of a crime? If yes, please explain.

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

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!