



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

Contact Information	
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	
Primary Criteria	
<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	
Family	
Child(ren) Name(s)	Birthdate(s)



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Services Information

DHHS Services: (Food Stamps, Medicaid, Etc.).

Community Mental Health Services:

Other Services:

Background Information

- 1) Summarize skills, qualifications, and/or training you have acquired from employment or education.

- 2) Do you have any hobbies or sports that you enjoy?

- 3) Do you have any talents or passions you would like to share?

- 4) 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?



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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!