



**CIRCLES GREENVILLE COUNTY
CIRCLE LEADER APPLICATION**

Your Contact Information	
Name and Age/Date of Birth	
Street Address	
City	State Zip Code
Cell Phone ()	Home Phone ()
E-Mail Address	
Name of Your Employer	
Work Phone ()	
Preferred Best Method to Contact You <i>(check all that apply)</i>	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email <input type="checkbox"/> Other
Preferred Best Time to Contact You <i>(check all that apply)</i>	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
Availability: Are you available to attend an Evening meeting Once a Week?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check all that apply to YOU:
<input type="checkbox"/> I live at or below 185% of the Federal Poverty Guidelines (see page 4)
<input type="checkbox"/> I speak and read English
<input type="checkbox"/> I am able to attend weekly classes or meetings (Wednesday evenings)
<input type="checkbox"/> I am motivated (interested in learning and applying new ideas)
<input type="checkbox"/> I am willing to build intentional relationships across class and cultural lines
<input type="checkbox"/> I am supported and encouraged by my family for my involvement in the Circles program
<input type="checkbox"/> My home situation is relatively stable (not currently homeless or dealing with domestic abuse)
<input type="checkbox"/> I have a history of alcohol or other addiction, but have been in recovery for at least the past 6 months
<input type="checkbox"/> I have a history of mental health issues

Other Adult(s) in the Household Information	
A) Name and Age	
Relationship to You	Name of Their Employer
B) Name and Age	
Relationship to You	Name of Their Employer

Family Information

	Child's Name	Age	School Grade Level
A)			
B)			
C)			
D)			
E)			

Background Information

1) Summarize skills, qualifications, and or training you have acquired from employment, education, life experience or through activities, including hobbies or sports. Passions and talents you would like to share with others.

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 type of mentor would you like to be matched with?

What qualities do you like in people?

What behaviors do you find most frustrating in people?
I am really good at:
I am not so good at:
Legal Issues
<p>Have you ever been convicted of a felony? Yes No</p> <p>Do you currently have pending court cases? Yes No</p> <p>Do you have any active warrants? Yes No</p> <p>If yes to <u>any</u> above, please explain: <i>(Background Checks are required for participating in activities where children are present)</i></p>

Person to Notify in Case of Emergency	
Name	Relationship to You
Street Address	
City	State
	Zip Code
Cell Phone ()	Work Phone ()
Home Phone ()	
Agreement and Confidentiality Statement	
<i>As a participant of Circles, I understand I must ensure the confidentiality and privacy of all those who participate including other Circle Leaders, Allies, volunteers, and staff. I further understand 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.</i>	
Name (printed)	
Signature	Date

**Thank you for completing this application form and for your interest in
participating with Circles Greenville County!**

Federal Poverty Guidelines 2019 (Annual Household Income)

Household Size	100% (the poverty line)	150%	185%	200%
1	\$12,490	\$15,613	\$18,735	\$24,980
2	\$16,910	\$21,138	\$25,365	\$33,820
3	\$21,330	\$26,663	\$31,995	\$42,660
4	\$25,750	\$32,188	\$38,625	\$51,500
5	\$30,170	\$37,713	\$45,255	\$60,340
6	\$34,590	\$43,238	\$51,885	\$69,180
7	\$39,010	\$48,763	\$58,515	\$78,020
8	\$43,430	\$54,288	\$65,145	\$86,860
For each additional person add:	\$4,180	\$6,270	\$7,733	\$8,360

Source: U.S. Health and Human Services <http://aspe.hhs.gov/poverty/15poverty.cfm>