

Thank you for your interest!

Our hope is that this initiative will help bring community support and resources to people who are on their journey out of poverty. As a volunteer with children or providing meals, you are an integral part of the creation of the Circles® community.

Youth program or meal volunteers provide their energy and resources to contribute to leading and implementing the Circles® Initiative while increasing their own awareness and urgency regarding poverty by actively building relationships across race and class lines, and modeling the way.

For more information contact:

Linda Patton, Circles® Coordinator
812-339-3447, extension 206
lindap@insccap.org

Carrie Felton, Circles® Coach
812-339-3447 extension 263
carrie@insccap.org

Circles® Volunteer Coordinator
circlesvolunteer@insccap.org



**Monroe County Circles® Initiative
Youth Community & Meal Volunteer Application**

Name _____ Today's Date _____

Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

What is the best way to contact you? _____

How did you hear about Circles®? _____

Date of Birth: _____ Marital Status: Single / Married / Widowed / Divorced

Current place of employment _____

Job Title _____ Years in Position _____

Previous Work Experience _____

Highest grade completed (circle) 1-6 7-8 9 10 11 12 Other _____ Major _____

Do you have a vehicle? _____ Yes _____ No

Why are you interested in participating in Circles®?

What, in your opinion, are the three most common causes of poverty? Please explain:



All participants in the Circles® Initiative are required to do a background check. Background check results will only exclude those with crimes against children.

I am willing to undergo a background check.

Please initial _____

All Youth Community volunteers commit to an initial orientation and training which may be held onsite before my first time volunteering at a weekly meeting. After this initial orientation and training, Youth Community volunteers will be expected to attend weekly meetings as agreed upon with the Volunteer Coordinator. We are flexible with your schedule, but require some predictability to make sure we have adequate volunteer coverage.

I am willing to attend an orientation and initial training.

Please Initial _____

I am willing to read the Youth Community Volunteer Manual (if applicable), adhere to the policies, and ask questions for clarification.

Please Initial _____

I am willing to honor my commitment or let staff know if unforeseen circumstances prevent me from completing my duties.

Please Initial _____

Please note: By completing this application you are neither committed to nor ensured participation in the Circles(R) Initiative. Regardless, we appreciate your interest and the time you took to complete the Ally Questionnaire.

Signature: _____



Monroe County Circles® Volunteer Registration

Name _____ Birth Date _____

Address _____

Phone Number _____ Email _____

Volunteer Position (circle all that apply):

- Youth Community Volunteer* *Meal Volunteer* *Transportation Volunteer*
- Circle Ally* *Guiding Coalition*

I would like to volunteer (circle one):

- Weekly* *Bi-Weekly* *Monthly* *When Needed*

I am available (circle one):

Evenings and Weekends

Weekdays (list days and times): _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Family members who might attend Circles® functions with you:

Name _____ Birth Date _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Name _____ Birth Date _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

Emergency Contact Information:

Name _____ Relationship _____

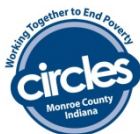
Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____



CRIMINAL RECORD DECLARATION

South Central Community Action Program (SCCAP) and the Circles® Initiative require a background check of all participants in order to identify and limit potential danger to all participants, especially children. SCCAP will assess the relevancy of any arrests, pending criminal charges or convictions on an individual basis. SCCAP reserves the right to require additional information as necessary to assess the relevancy of any and all information you provide below.

PLEASE NOTE - You need not list the following:

- Any traffic fines of \$200.00 or less
- Any offenses, other than offenses related to child abuse and/or child sexual abuse or violent felonies, committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law
- Any convictions the record of which has been expunged under federal or state law
- Any conviction set aside under the Federal Youth Corrections Act or similar state law.

Please list all pending and prior criminal arrests and charges related to child sexual abuse and their disposition. Include dates and jurisdiction. If none, state NONE. Use additional sheets if necessary.

Please list all convictions related to other child abuse and neglect. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

Please list all convictions of violent felonies. Include date and jurisdiction. If none, state NONE. Use additional sheets if necessary.

I understand that providing false or misleading information could result in my not being considered for the Circles® Initiative. I declare, under penalties of perjury, that the above is true and correct to the best of my knowledge.

Applicant Signature _____ Date: _____

Applicant Printed Name _____



Consent for Release of Information
For Criminal History & Child Protective Service
State Central Registry Checks

Full Name: _____
First
Middle
Last
Previous

Address: _____
Street
City
State
Zip
County

Date of birth: ___/___/___ Race/Ethnicity _____ Social Security #: _____ - _____ - _____

Previous Address(es) for past 10 years:

Address: _____
Street
City
State
Zip
County

Address: _____
Street
City
State
Zip
County

Address: _____
Street
City
State
Zip
County

List names of dependent, independent & deceased child(ren): _____

Applicant expressly agrees to waive any privileges of confidentiality to permit any and all information to be released to South Central Community Action Program, Inc.(SCCAP) and Child Protective Services. Applicant expressly agrees and understands that any or all information obtained through this signed consent form may be used at the discretion of SCCAP and Child Protective Services in determining the applicant's suitability for working with children as a Legally Licensed Exempt Provider.

Signature: _____ Date: _____

Witness: _____ Date: _____

For Administrative Use Only:

Type of check: _____ Criminal History _____ Child Protective Services
 _____ Legally Licensed Exempt Provider _____ Circles™ Initiative

Please Check the Appropriate Findings Below:

_____ : Our Agency has no information/record(s) concerning the above named individual.

_____ : Our Agency has the following information/record(s) concerning the above named individual: (Submit documentation or summarize areas you believe should be considered in evaluating the suitability of this individual working for a youth service agency.) Please use the back of the form or contact: _____

Signature: _____ Date: _____

Agency: _____

