

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 an Ally, you will befriend someone who is highly motivated to increase their resources and wants to find and maintain full time employment.

Allies help in the areas of budgeting, educational training, friendship and other ways helpful for a person as they move out of poverty.

A Circles® Ally can be anyone with any level of resources who genuinely wants to help and believes everyone has the right to sufficient money, relationships and meaning in their lives to thrive.

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



Monroe County Circles® Initiative

Ally Job Description

The Ally has three primary goals:

- Build an intentional friendship that is friendly, safe, and supportive with a family in poverty (Circle Leader family) and join them in their quest to increase their resources.
- Be willing to look at your own hidden rules and how they affect your relationships with people from different economic backgrounds.
- Use the experience of friendship with a family in poverty to advocate within the community for changes in the systems barriers that keep poverty in place

The Ally commitment:

- 6-12 hours per month
- Commit to be a Circle Ally for 18 months or longer
- After you are matched with the Circle, you will have:
 - one monthly meeting with the Circle at a mutually convenient time
 - one monthly Big View meeting with other Circles and the staff to discuss systems barriers
 - a regularly scheduled ally support meeting
 - phone and in-person contact as needed throughout the month

The Ally receives the following supports:

- Circles® poverty training and Ally Orientation sessions
- Regularly scheduled Ally support sessions
- Collaboration with the others on the Circle; you are not left in isolation
- On-going support from Circles® staff and Guiding Coalition

Monroe County Circles® Initiative

Ally Application

Name _____ Today's Date _____

Address _____ City _____ State _____

Zip _____ Phone(s) _____ 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 _____

Do you have a vehicle? _____ Yes _____ No

If yes, would you be willing to provide transportation for your Circles® Leader to events or meetings you attend together? _____ Yes _____ No

Why are you interested in participating in Circles®?

Allies are asked to choose a focus area; that is, an area in which they feel they have some strengths to assist a family. Please rank your interests by placing a 1, 2, and 3.

_____ Academic Planning (with Circles® Leaders and/or their children)

_____ Income and Budgeting (Increasing Income/Decreasing expenses)

_____ Friends and Meaning (Socialization and Community Building)

Would you have any reservation or difficulty being matched with a program participant that is, or has:

- chemical dependency issues _____ yes _____ no
- mental health issues _____ yes _____ no
- has been in jail or prison _____ yes _____ no
- a person of another race or ethnicity _____ yes _____ no
- a person of another sexual orientation _____ yes _____ no
- a person with domestic abuse issues _____ yes _____ no
- a person of the opposite gender _____ yes _____ no

Note: Circle Leaders must be in recovery from dependencies, or under treatment for mental illness, and must have achieved stability in those areas.

If you answered “yes” to any of the items in the previous question, please explain:

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 _____

After initial training & orientation, Circles® Allies commit to 6-12 hours a month for 18 months.

I am willing to attend a 2.5 hour orientation and six hours of initial training. Please Initial _____

I am willing to attend a monthly Ally support group meeting. Please Initial _____

I am willing to participate in one Circles® community meeting per month. Please Initial _____
Circles® community meetings are weekly on Thursday evenings and include dinner.

I am willing to meet with my circle at least one time per month. Please Initial _____

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

Signature: _____

South Central Community Action Program, Inc.

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 _____

South Central Community Action Program, Inc.

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 Printed Name _____

Applicant Signature _____ Date _____

