



## **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 will 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:

Bonnie J. Vesely  
Monroe County Circles™ Coordinator  
812-339-3447, extension 218  
e-mail: [bonnie@sccap.monroe.in.us](mailto:bonnie@sccap.monroe.in.us)

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**Monroe County Circles™ Initiative  
Ally Application**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**What is the best way to contact you?** \_\_\_\_\_

How did you hear about Circles™? \_\_\_\_\_

1. Date of Birth: \_\_\_\_\_ 2. Marital Status: S M W D

3. Current place of employment \_\_\_\_\_ 4. Job Title \_\_\_\_\_

5. Years in Position \_\_\_\_\_ 5. Previous Work Experience \_\_\_\_\_

6. Highest grade completed (circle) 1-6 7-8 9 10 11 12 Other \_\_\_\_\_

7. Do you have a vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. If yes, would you be willing to provide transportation for your Circles™ Leader to events or meetings you attend together? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Why are you interested in participating in Circles™?

10. 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) \_\_\_\_\_

11. 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.

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12.If you answered “yes” to any of the items in question #11, please explain:

13. 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.**

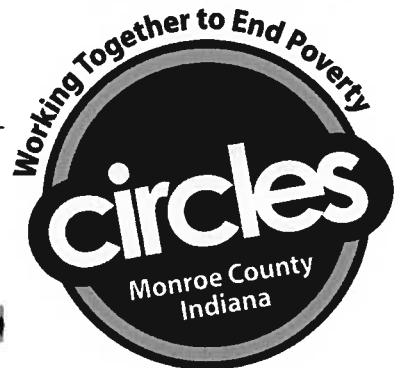
- I am willing to undergo a background check. Please initial \_\_\_\_\_

**After initial training & orientation, Circles™ Allies commit to 4-10 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 meet with the Circles™ Leader at least one time per month. Please Initial \_\_\_\_\_
- I am willing to participate in one weekly group dinner meeting 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: \_\_\_\_\_



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# Monroe County Circles Volunteer Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_

**Volunteer Position: Circle One**

Youth Community      Cooking Team      Transportation      Circle Ally

**I would like to volunteer: Circle One**

Weekly      Bi-Weekly      Monthly      When Needed

## Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health concerns/allergies \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone number \_\_\_\_\_

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