



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 Circle® 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, Circle® Coordinator
812-339-3447, extension 206
e-mail: lindap@insccap.org

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

Circles Volunteer Coordinator
circlesvolunteer@insccap.org

Working together to end poverty in Monroe County



**Monroe County Circle® 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 Circle®? _____

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 Circle Leader to events or meetings you attend together? _____ Yes _____ No

9. Why are you interested in participating in Circle®?

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 Circle 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.

Working together to end poverty in Monroe County



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 Circle® 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, Circle 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 Circle® Initiative. Regardless, we appreciate your interest and the time you took to complete the Ally Questionnaire.

Signature: _____

Working together to end poverty in Monroe County



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 _____

Working together to end poverty in Monroe County



CRIMINAL RECORD DECLARATION

South Central Community Action Program (SCCAP) and the Circle® 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 Circle® 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 _____

Working together to end poverty in Monroe County



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: _____

Working together to end poverty in Monroe County

