



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 to get 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 Thriving Connections 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, Thriving Connections Coordinator
812-339-3447, extension 520

lindap@insccap.org

Katie Thompson, Thriving Connections Coach
812-339-3447, extension 521

kthompson@insccap.org



*Thriving Connections Initiative is part of the South Central Community Action Program www.insccap.org
All SCCAP services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status
as a veteran.*

SCCAP Thriving Connections

Ally Job Description

The Ally has the following primary goals:

- Build an intentional friendship that is friendly, safe, and supportive with a family in poverty (TC Leader family) and join them in their quest to increase their resources.
- Examine 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:

- Complete poverty training and Ally trainings as offered
- Spend approximately 10 – 15 hours participating in Thriving Connections activities each month
- Commit to be a Thriving Connections Ally for 18 months or longer
- Attend weekly community meetings regularly (at least once a month)
- Meet monthly with your team to build relationships, share information, brainstorm action steps, and document your progress
- Offer additional support throughout the month, as needed
- Periodically provide documentation about your progress to help us evaluate the Thriving Connections model
- Be open to the support and new experiences offered by the Thriving Connections community for your own personal growth.

The Ally receives the following supports:

- Poverty training and Ally Training sessions
- Weekly community meetings in which meals and youth programming are provided
- Collaboration with the others on the team; you are not left in isolation
- On-going support from Thriving Connections Coach and Guiding Coalition

SCCAP Thriving Connections

Ally Application

Name _____ Today's Date _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Cell Phone _____

E-mail _____

What is the best way to contact you? _____

How did you hear about Thriving Connections? _____

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 TC Leader to events or meetings you

attend together? _____ Yes _____ No

Why are you interested in participating in Thriving Connections?

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.

_____ Education (with TC Leaders and/or their children)

_____ Sustainable Employment (Increasing Income/Decreasing expenses)

_____ Personal Growth (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: TC 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 Thriving Connections 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, Thriving Connections Allies commit to 6-12 hours a month for 18 months.

I am willing to attend a 2.5 hour orientation and 6-10 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 TC community meeting per month. Please Initial _____

TC community meetings are weekly on Thursday evenings and include dinner.

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

Please note: By completing this application you are neither committed to nor ensured participation in SCCAP Thriving Connections. 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

Thriving Connections Ally

Community 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 Thriving Connections 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 Thriving Connections 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 _____

SCCAP THRIVING CONNECTIONS

Photo and Media Release

I hereby grant the **South Central Community Action Program, Inc. / Thriving Connections** permission to use my likeness in a photograph, video, or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will be the property of the above organizations.

I hereby irrevocably authorize the **South Central Community Action Program, Inc. / Thriving Connections** to edit, alter, copy, exhibit or distribute this photo for the purposes of publicizing the above organizations' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the **South Central Community Action Program, Inc. / Thriving Connections** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contact in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

PRINTED NAME _____ DATE _____

SIGNATURE _____ DATE _____

If you have minor children or the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of

and do hereby give my consent without reservation to the foregoing on behalf of this person.

PRINTED NAME _____ DATE _____

SIGNATURE _____ DATE _____