



Ally Application

Full Name: _____

Today's date: ____ / ____ / ____
Month Day Year

Birthdate: ____ / ____ / ____
Month Day Year

Address: _____
Street Address City State Zip Code

Cell phone: _____ Other number: _____

Email address: _____

Place of employment: _____

What is your preferred method of contact?

Call My Cell Phone Text me Email Me Call My Other Number

Emergency contact name: _____ Phone: _____

Allergies (food, environmental): _____

Special circumstances (e.g., safety or accessibility): _____

Are you available on Tuesday nights, 6-8pm? Yes No

Please list your children (age 18 and under)

Child's name	Age	Would attend children's program?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please list anyone else living in your home and their relation to you.



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2021 Federal Poverty Guidelines				
Household Size	100% (Poverty Line)	150%	185%	200%
1	\$12,880	\$19,320	\$23,828	\$25,760
2	\$17,420	\$26,130	\$32,227	\$34,840
3	\$21,960	\$32,940	\$40,626	\$43,920
4	\$26,500	\$39,750	\$49,025	\$53,000
5	\$31,040	\$46,560	\$57,424	\$62,080
6	\$35,580	\$53,370	\$65,823	\$71,160
7	\$40,120	\$60,180	\$74,222	\$80,240
8	\$44,660	\$66,990	\$82,621	\$89,320
Add for each additional	\$4,540	\$6,810	\$8,399	\$9,080

- Household income above 200% of the Federal Poverty Level, or retired and financially stable Yes No
- At least 18 years old Yes No
- Speak and read English Yes No
- Able to attend weekly classes or meetings Yes No
- Motivated to learn and apply new ideas Yes No
- Willing to build relationships across class and cultural lines Yes No
- Supported and encouraged by family to participate in Circles Yes No
- History of alcohol or other addiction Yes No
- (If yes, in recovery for at least the past six months) Yes No
- Relatively stable (not currently homeless, dealing with domestic or drug abuse) Yes No



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What languages do you speak fluently?

How did you hear about Circles?

Do you belong to any groups or community organizations?

What about being an Ally is of interest to you?

What are your hobbies, interests, or passions?

What are you good at? What are you not so good at?

What behaviors do you find most frustrating in people?

What aspect of friendship is the most important to you?

What would you like us to know about you before we work together?

Background checks are required for participation in any activities where children may be present.

Have you ever been convicted of a felony? Yes No If yes, explain:

Do you currently have a court case pending? Yes No If yes, explain:

Do you have any active warrants? Yes No If yes, explain:



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Circles Douglas County and Circles USA (jointly referred to as “Circles”) request that you agree to the following Code of Conduct and Statement of Confidentiality. Please read and sign to indicate your agreement.

CODE OF CONDUCT FOR ALL CIRCLES MEETINGS, ACTIVITIES, AND EVENTS

- *I will dedicate myself to supporting all participants and volunteers.*
- *I will respect the inherent dignity of every person without regard to their race, ethnicity, creed, age, religion, disability, sexuality, or nationality.*
- *I will be honest and strive to be a person of integrity.*
- *I will follow Circles rules and policies for volunteers.*
- *I will not engage in activities which may be seen as a conflict of interest between Circles and myself.*
- *I will contribute to a safe environment by not harming others through discrimination, harassment, exploitation, abuse, or neglect.*
- *During meetings, I will not be under the influence of illegal drugs or alcohol.*
- *If I need to end my commitment to Circles, I will step down considerately and in a way that minimizes disruption to the community.*

STATEMENT OF CONFIDENTIALITY

I agree to ensure the confidentiality and privacy of Circle Leaders, Allies, volunteers, and staff. I will not disclose that an individual is served by Circles, and at no time will I disclose personal information that is shared at Circles meetings.

Circles maintains strict confidentiality of my records. Information that I share, or which Circles becomes aware of through my involvement, will not be shared outside of Circles, unless I give my written permission.

I understand that this policy becomes void if staff members are required by law to release information. Staff members may release my information if:

- (1) Circles becomes aware that I may be a danger to myself or others*
- (2) Circles becomes aware of adult, elder, or child abuse taking place*
- (3) Circles is under court order to share information.*

Signature: _____ Date: _____



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MEDIA RELEASE

Circles Douglas County and Circles USA (jointly referred to as “Circles”) sometimes use images of participants and volunteers in social media and promotional materials. Please read and sign below.

I grant Circles permission to use my image (photograph or video) in emails, brochures, presentations, videos, social media, websites, and other publications. I waive my rights to inspect or approve of the images prior to their use. I waive any rights to royalties or compensation arising from their use.

Yes No Myself

Yes No My children until they are 18 years old

Signature: _____ Date: _____