

Circles[®] Ashland

Thriving Families, Thriving Communities

Ally Application

Full Name: _____

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

Birthdate: ____ / ____ / ____
Month Day Year

Address: _____
Street Address City State Zip Code

Cell phone with area code: _____

Other number with area code: _____

Email address: _____

Place of Employment: _____

Mark the box with your preferred method of contact:

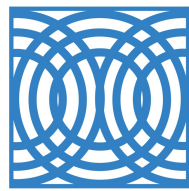
Call My Cell Phone Text me Email Me Call My Other Number

Please write "Yes" in the boxes corresponding to when you are available.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

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



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

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

Is your household income above 200% of the Federal Poverty Level, or are you retired and financially stable? Yes No

At least 18 years old Yes No

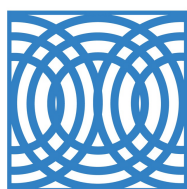
Speak and read English Yes No

Able to attend weekly classes or meetings Yes No

Motivated to learn and apply new ideas Yes No

Are you willing to build relationships across class and cultural lines? Yes No

Supported and encouraged by family to participate in Circles Yes No



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Has been in recovery for at least the past 6 months if history of alcohol or other addiction?

Yes

No

Relatively stable (not currently homeless, dealing with domestic or drug abuse)

Yes

No

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?

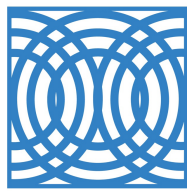
What are your hobbies, interests, or passions?

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?



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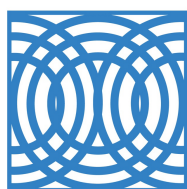
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Background checks are required for participation in any activities where children may be present.

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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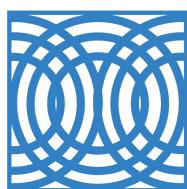
Emergency contact name: _____ Phone: _____

Address: _____
Street Address City State Zip Code

Your Circles chapter, legally named _____, together with Circles USA, (jointly referred to as “Circles”) request that you agree to the following Code of Conduct and Statement of Confidentiality. Please read them and sign below to indicate your agreement with these statements.

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 in any way, whether 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.*



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STATEMENT OF CONFIDENTIALITY

I agree to ensure the confidentiality and privacy of all who participate including Circle Leaders, Allies, volunteers, and staff. I understand that the fact that an individual is served by Circles must be kept confidential, and at no time will I disclose personal information that is shared at Circles meetings.

I understand that Circles maintains a strict policy on the confidentiality of my records. All information I share or which Circles becomes aware of through my involvement will remain confidential and will not be shared with anyone outside of Circles unless I have given my written permission.

I understand that there are some situations where this confidentiality policy becomes void and staff are required by law to release information. These circumstances include: (1) If Circles becomes aware that I may be a danger to myself or others; (2) If Circles become aware of an adult, elder, or child abuse situation taking place; (3) If Circles is under court order to share information.

Signature: _____ Date: _____

MEDIA RELEASE - ADULT

Your Circles chapter, legally named _____, together with Circles USA, (jointly referred to as "Circles") sometimes use photos and videos of participants and volunteers in social media and promotional materials. Please read the below media release and sign if you agree to these terms.

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

Yes No Myself

Yes No My children until they are 18 years old

Signature: _____ Date: _____