

## Circle Ally Application 2018

Contact Information		
Name		
Address		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Best time to contact: _____
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	Best time to contact: _____
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	Best time to contact: _____
Please rank your interests 1-5:		
<input type="checkbox"/> Ally: Financial		
<input type="checkbox"/> Ally: Educational/Employment		
<input type="checkbox"/> Ally: Social/ Community Building		
<input type="checkbox"/> Ally: Resource Navigation		
<input type="checkbox"/> Ally: Household Management		
What are your gifts of the head, hands, and heart?		
<p>***<b>Gifts of the head</b> - specific knowledge/experience/ skills you have in particular areas like child development, health care, relationship building, history/demographics of the EWG community, etc. ***<b>Gifts of the heart</b> – things you are passionate about and personal gifts like compassion, caregiving, empathetic listening, encouragement, etc. ***<b>Gifts of the hands</b> – tactile/physical skills that you would be willing to share with others, like carpentry, crafting, building, sewing, photography, bike repair, etc. ***</p>		

**What motivates you to want to be a Circle Ally?**

**What is your understanding of the role of Circle Ally?**

**What do you hope to gain from your experience as a Circle Ally?**

**What do you believe are three causes of poverty?**

**There is some required training (attend *Bridges out of Poverty* and Cost of Poverty Experience or C.O.P.E., and read *Toxic Charity*) and some recommended training (“Meet Jesus on the Road” and Dignity Serves) for serving as a Circle Ally. Please list any training you have taken up to this point in time.**

**AGREEMENT AND CONFIDENTIALITY STATEMENT**

I understand that submission of this Application does not guarantee that I will have a position as a Circle Ally with Circles Orange County because there is an application review and training process. If I do become a participant of Circles Orange County serving in any role, I understand that I must ensure the confidentiality and privacy of all Circles participants, including Allies, Circle Leaders, volunteers, and staff. I further understand that the fact that an individual is served by Circles must be kept private and confidential, and at no time will I disclose personal information that is shared in any Circles context. My signature below confirms my understanding of an agreement to this confidentiality statement.

**NAME (printed)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Thank you for completing this Application and Interest Survey. We appreciate and are excited about your interest in becoming a Circle Ally!**

**Please complete and return to:  
Attn: Circles Orange County  
St. Luke's United Methodist Church  
4851 S. Apopka-Vineland Rd  
Orlando, FL 32819**

**You can contact Beth at [bwitten@st.lukes.org](mailto:bwitten@st.lukes.org) if you have questions or want to meet with her about becoming an Ally.**

*For Admin Use Only*

**Application Completed** \_\_\_\_\_

**Commitment Agreement** \_\_\_\_\_

**Database Entry** \_\_\_\_\_

**Admin Initials & Date** \_\_\_\_\_