



**CIRCLES OF HOPE
RENO COUNTY**

Ally Questionnaire

The information you provide on this Questionnaire will remain confidential and will not be used for any other purpose than matching Allies with Circle Leaders.

Part I. Contact Information

NAME _____ DATE _____

ADDRESS _____ City _____ Zip _____

Phone _____ Email Address _____

What is the best way to contact you? _____

From what source did you hear about Circles?

- Friends
- Brochure, poster, or newspaper
- Church
- Professional Associate
- Place of employment
- Other _____

Part II. Personal Information – Please tell us about yourself. This information will be helpful as we match Allies with Circle Leaders.

Date of Birth ___/___/___ Gender: Female Male

Highest level of education completed _____

Are you presently...(please check one)

- Single, never married
- Married or in a committed relationship with an adult in the household
- Divorced
- Widowed

Number of adults who live in your household: _____

Number of children who live in your household: _____

Please list names and ages of the children (use back if necessary)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Current place of employment: _____ F/T P/T Retired

Primary responsibilities of your job or position _____

Do you have a vehicle and driver's license? Yes No

If yes, would you be willing to provide transportation for your Circle Leader to events or meetings you attend together? Yes No Not sure

Please list any other community involvement (besides Circles) you have _____

Do you volunteer currently, or have you in the past? Yes No

If yes, what is, or has been, the nature of your volunteer work? _____

What interests you about participating in Circles? _____

Allies may have one or more areas of special interest in which they feel they have some strengths to assist a family. Please rank your interest by placing a 1, 2, and 3.

Academic Planning (parent and /or children)

Income & Budgeting (Increasing income/decreasing expenses)

Friends & meaning (Socialization & Community Building)

Transportation

Parenting/ Child Care

Home repairs or Housing

Other (please specify) _____

Part III. Your experiences are a resource that we would like to draw upon. Information about your family background and personal experiences helps us in matching Allies and Circle Leaders.

I was raised in a household that was: (please check)

Poor Working poor Blue-collar White collar Affluent

Has there ever been a time in your life when you experienced difficulties relating to employment, higher education, transportation, parenting, or isolation? Yes No

Did someone help you? Yes No

Please tell us about that experience _____

Please tell us about your interests and hobbies _____

For some Circle Leaders, faith is an important personal resource. What role does faith play in our life?

- Very important and regular part of my life
- Part of my life, but not a regular or central part
- Not a part of my life

If you are a member of a congregation, which one? _____

What role, if at all, would you be comfortable with faith playing in your relationship with a Circle Leader?

- Open to praying together or other forms of spiritual encouragement, **as requested by the Circle Leader**
- Willing to talk about faith matters, but would rather not participate in prayer or other activities of a spiritual nature.
- Would not feel comfortable taking part in discussions or practices related to faith.

Would you have any reservations or difficulty being matched with a Circle Leader who is, or has:

- | | | |
|---|------------------------------|-----------------------------|
| Chemical dependency issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental health issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been in jail or prison? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A person of another race or ethnicity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A person of another sexual orientation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A person with domestic abuse issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A person of the opposite gender? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: Circle leaders must be in recovery from dependencies (at least 6 months sobriety), or under treatment for mental illness, and must have achieved stability in those areas.

If you have answered "Yes" to any of the above items, please explain on the back of this page.

What, do you believe to be the three most common causes of poverty?

**Circles of Hope Reno County
Ally Commitment Agreement**

After initial training, Circles Allies are matched with a Circle Leader family and commit to 4 or more hours a month for 18 months.

I am willing to meet with the Circles Leaders at least one time per month. Please Initial _____

(Note: Matched Circles meetings are held one time per month.)

A major component of Circles is weekly Community Meetings on Thursdays focused on educating ourselves and supporting change in our community. Allies are always welcome.

I am willing to participate in at least one weekly meeting per month. Please Initial _____

Signature: _____

Date: _____

SPECIAL NOTE: Completion of this form does not commit you to becoming an Ally, nor does it guarantee that you will become matched with a Circle Leader. After review of this form, a member of our Guiding Coalition will contact you to confirm your interest and work to match you with a suitable Circle Leader.

Thank you for your interest in becoming a Circles Ally!

Return completed form to:

Laurie Carr, Circles Coordinator

Trinity United Methodist Church

1602 N Main

Hutchinson, KS 67501

(620) 259-0096

lauriecarr6@gmail.com

