

**CIRCLES™ of Hope**  
**Ally Questionnaire**

(To help ensure effective matches 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?

- |  |  |
|--|--|
| <input type="checkbox"/> Friends             | <input type="checkbox"/> Flyer, poster, or newspaper |
| <input type="checkbox"/> Church              | <input type="checkbox"/> Professional Associate      |
| <input type="checkbox"/> Place of employment | <input type="checkbox"/> 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:  Male  Female

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 \_\_\_\_\_

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:

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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?

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What interests you about participating in Circles?

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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 interests by placing a 1, 2, and 3.

\_\_\_\_\_ Academic Planning (Parent and/or children)

\_\_\_\_\_ Income & Budgeting (Increasing income/Decreasing expenses)

\_\_\_\_\_ Friends & Meaning (Socialization & Community Building)

\_\_\_\_\_ 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: \_\_\_\_\_

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Please tell us about your Interests and Hobbies...

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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 items above, please explain on the back of this page.

***What, in your opinion, are the three most common causes of poverty?***

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

I am willing to meet with the Circles™ Leader at least one time per month. Please Initial \_\_\_\_\_  
[Note: Matched Circles meetings are the 2<sup>nd</sup> Tuesday of each month.]

A major component of Circles is weekly Community Meetings (1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Tuesdays) 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: \_\_\_\_\_

Please note: By completing this questionnaire you are neither committed to nor ensured being matched with a Circle Leader. We appreciate your interest!

*Please return to Peace Connections, 612 N. Main, Newton, 67114  
or call 316-284-2828 with questions.*