



Circles[®]
TROUP COUNTY

Circles of Troup County

Circle Ally Job Description

The Circle Ally has three primary goals:

- Make an intentional friendship with a family in poverty (Circle leader family) and join them in their quest to have enough money, meaning and friends.
- Increase awareness of your own stereotypes and class rules and be willing to face these.
- Use the experience of friendship with a family in poverty to advocate within our community for changes in the systems barriers that keep poverty in place.

The Circle Ally commitment:

- 6–10 hours per month.
- Commit to be a Circle Ally for 18 months.
- After you are matched with the Circle, you will have one monthly meeting with your Circle scheduled at a mutually convenient time.
- Attend the Circle meeting on the third Thursday of each month, a regularly scheduled ally support meeting.
- Phone and in-person contact with your family as needed throughout the month.

Support received:

- Two orientation sessions for Circle Allies, including how to build a circle.
- *Bridges Out of Poverty* six-hour training.
- Collaboration with others in the circle; you are not left in isolation.
- Staff available to answer questions, provide mentoring and assist with conflict resolution.

How can allies be sensitive of differences across class lines?

- If possible, come to Circle meetings in casual clothes instead of business clothes.
- Find ways to introduce yourself that emphasize who you are, not what you do (“I’m from northern Minnesota and I live to ski” instead of “I’m the director of marketing for a global research company”).
- Remember that you are a friend to the family, not a social worker.
- Don’t expect Circle leaders to approach meetings the way you do in business.
- When you have strong feelings about the Circle Leader family, be willing to look at how your own fears or rules are being activated and talk to someone about it.

You may drop off the completed application at the Circles of Troup County office at Mike Daniel Recreation Center or mail it to: Sherri Brown, Circles of Troup County, 1220 Lafayette Parkway, LaGrange, GA 30241

For questions, contact Sherri Brown at sbrown@troupc.org or at 706.883.1687.

Circle Ally Application

Name _____ Today's Date _____

Address _____ City _____ State _____

Zip _____ Phone(s) _____

Email _____

What is the best way to contact you? _____

How did you hear about Circles? _____

Date of Birth: _____ Marital Status: Single / Married / Widowed / Divorced

Current place of employment _____

Job Title _____ Years in Position _____

Previous Work Experience

Highest grade completed (circle) 1-6 7-8 9 10 11 12 Other _____

Why are you interested in being a Circle Ally?

Would you have any problems working with a program participant that is, or has:

Addiction/chemical dependency issues ___ yes ___ no

Mental health issues ___ yes ___ no

Has been in jail or prison ___ yes ___ no

A person of another race or ethnicity ___ yes ___ no

A person of another sexual orientation ___ yes ___ no

A person with domestic abuse issues ___ yes ___ no

A person of the opposite gender ___ yes ___ no

Note: Circle leaders must be in recovery from dependencies or under treatment for mental illness and must be stable in those areas.

If you answered “yes” to any of the items in the previous question, please explain:

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

All participants in the Circles initiative are required to have a confidential background check. Background check results will only exclude those with crimes against children.

I am willing to undergo a background check. Please initial_____

I understand Circle Allies commit to 4-10 hours a month. Please initial_____

I am willing to attend two orientation sessions and 6 hours of initial Bridges Out of Poverty training. Please initial _____

I am willing to attend a monthly Circle meeting from 5:30 to 7:45 p.m. on the third Thursday of each month. Please Initial _____

I am willing to attend one Circles community meeting/dinner per month. All Circles meetings are on Thursday evenings. Please Initial _____

Please note: By completing this application you are neither committed to nor ensured participation in the Circles initiative. This application and background check will be confidential.

Signature: _____

TROUP COUNTY SHERIFF'S OFFICE

130 SAM WALKER DR

LAGRANGE, GA 30240

SHERIFF JAMES WOODRUFF

CRIMINAL HISTORY CONSENT FORM

I hereby authorize _____ to receive any Georgia Criminal History Record Information pertaining to me, which may be in the files of any state or local criminal justice agency, in Georgia.

_____/_____
Full Name Sex Race

Date of Birth Social Security Number

Address

Signature Date

By signing this consent form, I agree to hold harmless Sheriff James Woodruff, all employees of Troup County Sheriff's Office and Troup County Government from any civil liability of any kind or description. The information supplied due to this form is based on records maintained by GCIC only. For any questions, pertaining to this form, you may contact Susan Whitley at (706) 883-1616 Ext.252

Special employment provisions (check IF applicable)

Employment with mentally disable (M)

Employment with elderly (N)

Employment with children (W)

This authorization is valid for 90/180/___ (circle one) days from the date of signature.

This authorization is valid for the duration of my employment with this company. My criminal history record information can be accessed periodically, without further consent.

Do not write below this line, for departmental use only

___ No identifiable record in GCIC

___ See attached printout from electronic search of GCIC records

___ Positive identification cannot be made, of this subject, without fingerprint comparison

Date

Signature

Rev'd 01/08/2013

sdw