

Getting Ahead in the Valley

ALLY Questionnaire

Name _____ Today's Date _____

Address _____ City _____ Zip _____

Phone(s) _____ email _____

What's the best way to contact you? _____

How did you hear about Getting Ahead in the Valley? _____

Current place of employment _____ retired ? _____

Job Title _____ Years in position _____

Previous work experience _____

Highest level of education _____

Do you have a vehicle? ____ Yes ____ No If yes, would you be willing to provide transportation for your Getting Ahead (GA) participant to events or meetings that you attend together? Yes ____ No ____

Why are you interested in being an Ally?

Allies are asked to choose a focus area; that is: an area 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 (Getting Ahead participant or their children)

_____ Income and Budgeting (Increasing Income / Decreasing expenses)

_____ Friends and Meaning (Socialization and Community building)

Would you have any reservation or difficulty being matched with a Getting Ahead participant that is, or has:

Chemical dependency issues	___yes	___no
Mental health issues	___yes	___no
Has been incarcerated	___yes	___no
Is of another race or ethnicity	___yes	___no
Is of another sexual orientation	___yes	___no
Has experienced partner violence	___yes	___no
Is a person of the opposite gender	___yes	___no

Note: GA participants must be in recovery from dependencies, or treatment for mental illness.

If you answered “ yes” to any of the questions above, please explain:

What in your opinion are the three most common causes of poverty? Please explain:

All Participants in the GA initiative are required to do a background check. The results will only exclude those with crimes against children.

I am willing to undergo a background check. Please initial _____

After initial training & orientation, GA Allies commit to approx. 6 hours a month for 12 months.

I am willing to attend a 1-hour orientation and 3 hours of Bridges Out of Poverty training
Please initial _____

I am willing to attend a monthly Ally support group meeting. Please initial _____

I am willing to meet with my GA participant at least one time per month. Please initial _____

Please note; By completing this application you are neither committed to, nor ensured participation in the Getting Ahead initiative. Regardless, we appreciate your interest and the time you took to complete the Ally Questionnaire.

Signature: _____