



PARTNERS
FOR CHANGE

Ally/Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Employment Information

Current Place of Employment	
Street Address	
City ST ZIP Code	
Work Phone	
Job Title	
Years in Position	
Previous Work Experience	
Highest Grade Completed	

Availability

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Why are you interested in Partners for Change?

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Allies are asked to choose a focus area in which they have some strengths to assist a family. Please rank your interests/strengths 1, 2, and 3 (with 1 being the one that where you shine the most).

- Academic Planning (with Change Leaders and/or their families)
- Income and Budgeting (Increasing Income/Decreasing Expenses)
- Friendship Building (Socialization and Community Building)

Would you have any reservation or difficulty being matched with a participant who is or has:

- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Chemical Dependency Issues | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> A History in Jail or Prison | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> An Ethnicity or Color Different Than Yours | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> A Sexual Identity or Orientation Other Than Yours | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Domestic Abuse Issues | <input type="checkbox"/> yes | <input type="checkbox"/> no |

*Change Leaders must be in recovery from dependencies and/or under treatment for mental illness and must have achieved stability in those areas to qualify for the Partners for Change program.

If you answered “yes” for any of the items above, please explain:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that this application neither obligates nor guarantees my participation in the Partners for Change program. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.