



612 Poyntz Avenue
Manhattan, KS 66502
www.thriveflinthills.com
(877) 376-0032

ALLY APPLICATION

Thank you for considering being a Thrive! Ally and taking your time to fill out this application. Please answer all questions thoroughly and submit it when completed through the Thrive! website, mailing to the Thrive office at 612 Poyntz, Manhattan, KS 66502 or sending it to Jayme Morris-Hardeman, Executive Director (director.thriveflinthills@gmail.com). The information you provide will remain confidential and will only be used for Thrive! ally selection and support. We will contact you to verify we received your application and to discuss next steps for training and preparing you for the important ally role.

Contact Information

Full Name: _____

Mailing Address: _____

Home Address: _____

Day-time phone number: _____

Alternate phone number: _____

Email: _____

Check the box for the highest level of education you have completed:

- Less than high school
- High school diploma/GED
- Some college
- Some tech school
- 2 yr. Degree
- 4 yr. Degree
- Graduate/Professional Education
- Some military training
- Military rank: _____
- Some technical training
- Trade or another certificate

List professional credentials, licenses, certificates you have that might be useful in your role as an ally:

Are you currently (check all that apply)?

- employed
- unemployed
- retired
- a student
- volunteering
- prefer not to answer at this time
- other: _____

Date of Birth: _____

Do you have children/wards/minors currently living with you? Yes No
 Yes, please share the following information about them:

Age: _____	Age: _____
Age: _____	Age: _____
Age: _____	Age: _____

NOTE: Allies with younger-age children may be able to match with Thrive! families that have children of similar ages.

Is your annual income above 200% of the Federal Poverty Guidelines? Yes No

NOTE: Allies are to have incomes ample and stable enough to meet their needs and those of their family members. Federal Poverty Guidelines are at: <https://aspe.hhs.gov/poverty-guidelines>

Are you a registered volunteer with the Flint Hills Volunteer Center? Yes No

NOTE: The volunteer center provides support to and background checks of volunteers across Manhattan: <https://www.flinthillsvolunteercenter.com/>

Referral Source

Who referred you to Thrive! _____

May we contact this person to inquire about the talents, interests and experiences that can contribute to your success as an ally?

- Yes, this person's contact information is: _____
- No, I prefer that you do not contact this person at this time.

Screening Qualities for an Ally:

Please write “Y” for Yes and “N” for No for each qualification.

	Live about 200% of the Federal Poverty Guidelines
	At least 18 years old
	Speak and read English
	Sober, in recovery, and/or compliant in a mental health plan for at least 1 yr
	Currently house and in a domestic violence free home
	Motivated to learn and apply new ideas
	Willing to build purposeful relationships across socioeconomic lines
	Family supports and encourages involvement in Thrive!
	Able to attend evening classes on the 1st and 3rd Tuesdays of the month
	Committed to Thrive! For 18-24 Months

About You:

Summarize skills, qualifications, and or training you have acquired from employment, education, life experience, through activities, including hobbies. What passions or talents would you like to share with others?

List community, social, faith-based groups and organizations you are involved with that you may be able to share with others:

What makes you interested in being an Ally?
Describe what you would consider to be your greatest accomplishment:
How do you react when you do not succeed at something?
What behaviors of others do you find most frustrating? How do you cope with them?

Agreement and Confidentiality Statement:

As a Thrive! volunteer I understand that I must ensure the confidentiality and privacy of all those who participate. I also affirm that I have not intentionally misrepresented myself that that the information I have provided is accurate to the best of my knowledge.

Name (Printed)	Signature	Date
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