

- Field of Work:
- | | | |
|---|---|--|
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Government | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Community Building/Organizing | <input type="checkbox"/> International | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Criminal Justice/Public Safety | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Other |

Organization's Budget: Under \$500,000 \$500,000 - 999,999 \$1,000,000 - 1,999,999 Over \$2,000,000

Number of full time employees _____

Type of Organization: 501(c)3 Government Other/describe: _____

Is this a Faith-Based Organization? Yes No

Scope of Organization: National State Citywide Neighborhood

How did you hear about Public Allies? Public Allies Staff Flyer Current/Former Ally
 E-mail Partner Organization Other, How? _____

Has your organization ever applied for an Ally before? Yes No If yes, when: _____

Has your organization hosted an Ally in the past? Yes No If yes, when: _____

It is Public Allies' goal to create a diverse class of Allies with different backgrounds and experiences. We sometimes have Ally finalists who have been convicted of misdemeanors or felonies. We do background checks on all finalists and encourage them to disclose their records as necessary. **If you cannot work with someone with a record, please indicate here and cite the reason(s) regarding that criteria.** _____

2 ORGANIZATIONAL INFRASTRUCTURE

1 Does your organization have **non-federal** resources to commit to your organization's portion of the stipend plus benefits to support an Ally/Allies at this time? Please specify your funding source(s).

2 Allies will need space to do their work, as well as computer and internet access to report on their work and fulfill the program's continuous learning requirements. My organization will provide the following for our Ally (please check all that apply).

- | | | |
|--|---|--|
| <input type="checkbox"/> desk | <input type="checkbox"/> computer | <input type="checkbox"/> phone |
| <input type="checkbox"/> internet access | <input type="checkbox"/> printer access | <input type="checkbox"/> his/her own working space or office equivalent to other staff |

3 ALLY POSITION DESCRIPTION AND SERVICE DESCRIPTION

The Attachment contains an “Imagining Ally Impact Worksheet” to help you create activities, outcomes and measures for your Ally’s service. Please fill out one for each different Ally position. These descriptions will be shared with our Ally Applicants during our matching process, and will serve as the basis for the Ally’s work and reporting throughout the term of service.

ALLY SUPERVISOR:

- Accountability to objectives and support in achieving those objectives
- Professional mentorship and guidance
- Agency liaison
- Evaluation Participant

PARTNER ORGANIZATION:

- Financial Commitment
- Support of Public Allies Organizational Philosophy

I Please initial the following to agree to your organization’s commitment to the following:

- _____ Attend three (3) Partner Organization Supervisor meetings during the term.
- _____ Participate in the Ally Matching Process.
- _____ Provide direct supervision and support throughout the term of the program.
- _____ Provide growth and learning opportunities for the Ally.
- _____ Complete all required paperwork for the Ally.
- _____ The Ally AmeriCorps Member, though providing service rather than work, will be treated with the same respect of a staff member of the organization.
- _____ The Ally will not be asked to do things beyond their position description unless approved by Public Allies staff.
- _____ The Ally will not be asked to do administrative tasks beyond their position description.
- _____ The Supervisor will meet with the Ally, at least weekly during the first month and at least every two weeks thereafter throughout the placement.
- _____ The Ally will be given an extensive orientation to their service and to the organization that is at least 4 hours in length during the first week of service.
- _____ The Supervisor will assist the Ally in developing tools to evaluate the impact of their work in communities, such as pre- and post-tests, participant surveys, etc.

4 ALLY POSITION AND SERVICE DESCRIPTION

Please fill out a description for each Ally you would like placed at your organization (maximum _____ Allies). These descriptions will be shared with Ally Applicant finalists during our matching process, and will serve as the basis for the Ally’s work and reporting throughout the term of service.

Attachment I of this application contains an Ally Position Description Template. **Attachment II** contains a worksheet to help you create activities and outcomes for your Ally’s service.

REQUIRED SKILLS

Please describe the type of individual you feel would work most effectively within your organization and would be most successful at accomplishing the project(s) outlined in the service description, including:

Skills/Qualifications (including educational level/degrees, language proficiencies, technical skills) _____

Personality/Work Style (e.g. outgoing, analytical, patient, good with kids, etc.) _____

Life Experiences, Demographic Considerations _____

Other (Do they need a car? Will they need to have a flexible schedule for weekend or evening work?) _____

INTERVIEW CONTACT

Name **Phone** **E-mail**

5 SIGNATURES OF APPROVAL - ALLY APPLICATION

I am aware of the application for (quantity) _____ Public Ally/ies for the _____ program year. I confirm that (name of organization) _____ is financially capable of hosting an Ally/ies for the duration of the program year. I have read and agree to uphold the expectations and responsibilities of being a Partner Organization/Supervisor. I am also aware that the potential direct supervisor from my organization will be expected to conduct interviews with possible Ally candidates. I understand that completing this application and conducting Ally interviews does not guarantee that my organization will receive an Ally.

Signatures of approval

Executive Director

Date

President/Board Chairperson, Board of Directors

Date

Potential Ally Supervisor

Date

Finance Director

Date