



# Circles® Marion County Ally Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Please list 3 referrals (people who can vouch for your suitability as a Circles Ally)

Referral Name	Relationship to You	Referral Phone # & Email Address

**Please complete the sentence below:**

**I would like to be an Ally for a Circles Leader/participant in Marion County Circles® because....**

**Please return this form to Linda Ogden, 702 Nickerson, Marion KS 66861. You will be contacted within 2 weeks to set up an interview visit. Thank You!**