

VOLUNTEER FORM

(ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL)

PLEASE CHECK ALL THAT APPLY: OFFICE VOLUNTEER - AFTER HOURS PHONES - 12 STEPPER

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____ Email: _____

Sobriety Date: _____ Homegroup: _____ Male - Female

Office Volunteer :

- Work 4 hours shift at Desk in Office
- General Office help: Help fold The Voice/When & Where, Inventory, Cleaning
- Archives; help collect, restore, and protect local AA History

After Hours Phones:

- Answer phones and pass information to 12 Step volunteers

12 Stepper:

Check all activities you would be willing to do to help a fellow alcoholic:

- Make a phone call
- Make a home/hospital visit
- Give a ride to a meeting
- Give a ride to detox

Days & Hours Available: (Check Day and list hours available, specify AM or PM)

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Any Restrictions? Or any Comments? (use other side as necessary)

Return completed forms to:

Intergroup District 17
3666A NE 25th Street
Ocala, FL 34470

or EMAIL to: aaocalaintergroup@gmail.com