

Please include all information to ensure accuracy.

YES! I would like to do service work.

Name _____

Send to:

Address _____

info@nvintergroup.org or
Northern Virginia Intergroup
10400 Eaton Place Suite 140
Fairfax VA 22030

City, State, Zip. _____

Phone# (c) _____ .(h). _____ Email. _____

Age Range. _____ Sobriety Date. _____ Home Group. _____

_____ **A.A. Hot Line** (Should have 1 year sobriety & attend NVI phone training)

Days:(Please circle) Mon Tues Wed Thurs Fri Sat Sun

Time:(Please circle) 10am-1pm 1pm-5pm 5pm-7pm 7pm-10pm
Overnight 10pm-10am

_____ **Temporary Sponsor**

_____ Female _____ Male

_____ **12 Step Work**

_____ Visit _____ Take to meetings _____ Talk to
Available: Anytime Days _____ Evenings _____ Weekends
Area available (Alex, Springfield, Manassas, etc.)

Committee Work

_____ Archives

_____ Cooperation with the Professional Community Committee

_____ Correctional Facilities Committee

_____ Literature Committee

_____ Phone Watch Committee

_____ Public Information Committee

_____ Treatment Facilities Committee

_____ Website Committee

Some of our phone volunteers answer the phone from outside the NVI office. May we provide this information to them to be used if they get a 12th step call? (Please circle one) **YES** **NO**

Please Note: When we call for 12 step referrals, we will not give out your#. Also, we will identify ourselves as NVI as not to break your anonymity. THANK YOU!