

Please include all information to ensure accuracy.

YES! I would like to do service work.

Name _____

Address _____

City, State, Zip _____

Phone

Home# _____ Cell# _____ Work# _____

Email: _____

Sobriety Date _____ Home Group _____

_____ **A.A. Hot Line** (requires 1 year continuous sobriety and phone training)

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

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

10pm-10am (transferred to your home.)

Are you willing to be Hot Line substitute? Yes No When: _____

_____ **Temporary Sponsor** (Should have at least 1 year & be same sex.)

_____ Female _____ Male

_____ **12 Step Work** (Please check all that you are willing to do)

_____ Visit _____ Take to meetings _____ Talk to

Available:

_____ Anytime _____ Days _____ Evenings _____ Weekends _____ Overnight

Area available (Alex, Springfield, Manassas, etc.) _____

Comments _____

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!**

Please return this form to Northern Virginia Intergroup

Via email: info@nvintergroup.org

Via USPS: 10400 Eaton Place Suite 140 Fairfax VA 22030

For questions call: 703-293-9757

THANK YOU FOR VOLUNTEERING WITH NORTHERN VIRGINIA INTERGROUP!