

Please include all information to ensure accuracy.

Email: [info@nvintergroup.org](mailto:info@nvintergroup.org) or  
Northern Virginia Intergroup  
10400 Eaton Place Suite 140  
Fairfax VA 22030

# YES! I would like to do service work.

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (cell \_\_\_\_\_ (Home) \_\_\_\_\_ Sobriety Date \_\_\_\_\_

Email \_\_\_\_\_ Home Group \_\_\_\_\_

\_\_\_\_\_A.A. Hot Line (Should have at least 1 year sobriety and attend phone training)

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

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

10pm- 1 0am (transferred to your home.)

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

\_\_\_\_\_Female      \_\_\_\_\_Male

\_\_\_\_\_12 step Work

\_\_\_\_\_ Visit \_\_\_\_\_ Take to meetings \_\_\_\_\_ Talk to \_\_\_\_\_

Available: \_\_\_\_\_ Anytime \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Area available (Alex, Springfield, Manassas, etc.) \_\_\_\_\_

## Committee Work

\_\_\_\_\_ Ad Hoc Technology

\_\_\_\_\_ Archives

\_\_\_\_\_ Cooperation with the Professional Community Committee

\_\_\_\_\_ Correctional Facilities Committee

\_\_\_\_\_ Literature Committee

\_\_\_\_\_ Newsletter — Unity Lifeline

\_\_\_\_\_ Public Information Committee

\_\_\_\_\_ Treatment Facilities Committee

\_\_\_\_\_ Website

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