

# A.A. Service Volunteer Questionnaire



Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Weekday Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Checkmark:  Male  Female Sobriety Date: \_\_\_\_\_  
 Place on Old Timers List (25+ yrs sobriety)

- Service commitments I am are willing to volunteer to help:

12<sup>th</sup> Step\*\*  After-hour telephone answering (TAS)

Central Office volunteer  "The Filing Cabinet" Newsletter

\*\* 12<sup>th</sup> Step involves being asked to talk to a member or relapser or new person who has reached out for A.A.'s help to attain or maintain sobriety; sometimes actually to visit but NEVER GO ALONE!

**Please check each day and time you are generally available for the above:**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
9 am to 6 pm							
6 pm to 11 pm							
11 pm to 9 am							
Other (specify)							

- **By initialing, I acknowledge that I understand this information will be distributed to service committee members by e-mail, as needed:**

Initials \_\_\_\_\_ Date \_\_\_\_\_

Please return this form via U.S. mail or in person at:  
 Salt River Intergroup Central Office, 3215 E Thunderbird Rd, Phoenix, AZ 85032  
 or call on weekdays 9am-6pm, 602-264-1341

***Thank-you for Your Participation***