

Southern R.I. Intergroup of A.A. Telephone Volunteer Application

*Please provide us with as much information as you are comfortable with revealing**

Name	M/F	Date of Sobriety	Home Group Name	
Street Address	City		State	Zip Code
Home Phone	Cell Phone		email	

Mark each shift that you can work each week with a "W", each shift you can backup with a "B"

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8:00 AM - 10:00 AM							
10:00 AM - 1:00 PM							
1:00 PM - 4:00 PM							
4:00 PM - 6:00 PM							
6:00 PM - 8:00 PM							

** Intergroup never shares the information you provide with anyone.*