

**Tri-District Inter-Group of A.A.  
Service Work Volunteer Form**

<b>FULL NAME:</b>	<b>DATE:</b>
<b>STREET ADDRESS:</b>	<b>SEX:</b>
<b>CITY/STATE/ZIP:</b>	<b>E-MAIL:</b>
<b>HOME GROUP:</b>	<b>SOBRIETY DATE:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>

**AVAILABLE SERVICE OPPORTUNITIES**

**MARK ANY SERVICES THAT INTEREST YOU**

- CENTRAL OFFICE WORKER – AM SHIFT 9:00AM - 1:00PM EVERY OTHER WEEK  
**(SIX MONTHS SOBRIETY REQUIRED)**
- CENTRAL OFFICE WORKER - PM SHIFT 1:00PM – 5:00PM EVERY OTHER WEEK  
**(1 YEAR SOBRIETY REQUIRED)**
- 12 STEP CALL LIST...SPECIFY HOURS AVAILABLE \_\_\_\_\_
- DRIVER LIST FOR TAKING PEOPLE TO MEETINGS...SPECIFY GEOGRAPHICAL AREA \_\_\_\_\_
- AA TEMPORARY CONTACT LIST
- AA MEETING SPEAKER LIST
- PUBLIC INFORMATION (PI) VOLUNTEER
- PUBLIC SPEAKER LIST: **(MINIMUM OF 3 YRS SOBRIETY REQUIRED)**
- OTHER: SPECIFY YOUR SKILLS/INTEREST: \_\_\_\_\_

Give this form to your Intergroup Rep or mail to:

TRI-DISTRICT INTERGROUP/CENTRAL OFFICE  
3300 N. PACE BLVD STE 322  
PENSACOLA, FL 32505

**OFFICE USE ONLY**

Q&A: \_\_\_\_\_  
COPY TO: \_\_\_\_\_  
REMARKS: \_\_\_\_\_