

ALL SOUTH BAY CENTRAL OFFICE VOLUNTEER APPLICATION

DATE _____

THANK YOU FOR YOUR INTEREST IN BEING OF SERVICE

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO:

ALL SOUTH BAY CENTRAL OFFICE

1411 MARCELINA AVE

TORRANCE, CA 90501

Scan and send to: Info@southbayaa.org

PLEASE CALL US WITH ANY QUESTIONS (310-618-1180)

NAME _____ MALE _____ FEMALE _____

ADDRESS _____

CITY _____ ZIP _____ SOBRIETY DATE _____

HOME PHONE _____ _WK# _____ CELL _____

E-MAIL _____

PLEASE FILL OUT INFORMATION FOR YOUR DESIRED AREA OF SERVICE ONLY

12 STEP VOLUNTEER

WE REFER 12 STEP CALLS 24 HRS A DAY. 6 MONTHS SOBRIETY REQUIRED

What hours are you available to receive 12 step calls (and likely to be reachable by phone)? _____

Will you take overnight calls between 10pm and 6am? _____

Are you willing to drive someone to a meeting? _____

List any languages you speak other than English _____

Do you know American Sign Language? _____

PHONE VOLUNTEER

ONE YEAR SOBRIETY REQUIRED

Circle all shift times and days you may be available to work.

M T W TH FR SA SU 6a-9a 9a-1p 1p-4p 4p-7p 7p-10p

Do you want to be a substitute volunteer to be called only when needed? _____

Do you want a regular weekly shift if one becomes available? _____

OFFICE VOLUNTEER

WE CALL OFFICE VOLUNTEERS ON AN AS-NEEDED BASIS

Please circle any of the following areas in which you have skill and willingness to serve.

Computers MS Office: Word, Excel, Access Data entry Computer Maintenance/Repair

Filing Folding fliers Stuffing envelopes Writing (Newsletter) Drawing

Painting Carpentry Cleaning Other _____