

**AL-ANON INFORMATION SERVICE (AIS) VOLUNTEER FORM**

**Please complete and email to: [aisoffice@stl-al-anon.org](mailto:aisoffice@stl-al-anon.org)**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
First Last

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

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Home Group \_\_\_\_\_ District: \_\_\_\_\_ Al-Anon  Alateen

Number of years in Al-Anon: \_\_\_\_\_ Do you have a sponsor? Yes  No

**Circle/Highlight and Complete Area of Interest(s) in section below.**

**Board Volunteer/Position:** (indicate if a specific role) \_\_\_\_\_

**Speak to Newcomers:** (Indicate any specification i.e. women only etc.) \_\_\_\_\_

**Translate:** (indicate language) \_\_\_\_\_

**Speaker Volunteer:**

I am willing to share in Al-Anon meetings with:

My Story  Steps  Traditions  Concepts  Adult Child  Parent of Alcoholic

I am available: Days  Nights  Weekend Days  Weekend Nights

Venue: Zoom/Virtual ONLY  In Person ONLY  Both Zoom & In-Person

**Cities willing to travel to for in-person:** \_\_\_\_\_

**Public Outreach:**

I am willing to do service work at the following public levels:

Taking meetings to treatment centers  Working at Health Fairs

Talking to schools/churches, etc.  Talking to AA Groups

Distributing literature to public facilities  Accompanying others to above

I am available: Days  Nights  Weekend Days  Weekend Nights

**Answering Service:**

I am willing to take phone calls after the AIS office closes. Circle Preferred Day and Time:

5-9 p.m. on M T W TH F

Saturday 12-9 p.m.  Sunday 9-9 p.m.

**St. Louis Al-Anon Information Service, 14 Sunnen Dr., Suite 144, Maplewood, MO 63143**

**Phone: 314.645.1572 Email: [aisoffice@stl-al-anon.org](mailto:aisoffice@stl-al-anon.org)**