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

 **Please complete and email to:** **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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 ****

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**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**