CAPITAL DISTRICT CENTRAL OFFICE

Volunteer Information Sheet

It is suggested that volunteers have at least one year of continuous sobriety.

NAME: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

What type of Twelfth Step services are you willing to perform?

- Go to someone's house _____
- Meet someone at a meeting _____
- Talk to someone on the phone _____
- Take someone to a meeting _____
- Other (specify) _____

Where do you go to meetings? _____

When are you available?

- Early: 6am – 9am Weekdays _____ Weekends _____
- Day: 9am – 5pm Weekdays _____ Weekends _____
- Evenings: 5pm – 11pm Weekdays _____ Weekends _____
- Nights: 11pm – 6am Weekdays _____ Weekends _____
- Other: _____

Any special preferences or conditions? (e.g., calls only; no car but will ride with someone; gay/lesbian) _____
_____

Mail this form to:

Capital District Central Office
11 Computer Drive West, Suite 100
Albany, NY 12205