



Naples Area Intergroup, Inc.
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VOLUNTEER SIGN-UP FORM

TADAY'S DATE _____

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS: CELL: _____

HOME: _____

E-MAIL ADDRESS: _____

SOBRIETY DATE: _____

HOME GROUP: _____

WHAT WOULD YOU LIKE TO DO???

OFFICE VOLUNTEER (PHONES/SALES) _____ a.m.____ p.m____

SUBSTITUTE OFFICE VOLUNTEER _____ When _____

COURIER (WRITING/LAYOUT/PROOFING) _____

12th STEP* _____

TAKE LITERATURE INVENTORY _____

WEB SITE _____

CLEANING THE OFFICE _____

**When anyone, anywere reaches out for help, I want the band of A.A. always to be there. And for that: I am responsible.*