

GENERAL SERVICE VOLUNTEER FORM

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ WORK#/CELL#: _____

E-MAIL: _____ GROUP: _____

DRY DATE: _____

Your District:

- | | |
|--------------------------------------|--|
| District 02 <input type="checkbox"/> | District 14 <input type="checkbox"/> |
| District 04 <input type="checkbox"/> | District 16 (Spanish) <input type="checkbox"/> |
| District 06 <input type="checkbox"/> | District 18 <input type="checkbox"/> |
| District 10 <input type="checkbox"/> | District 22 <input type="checkbox"/> |
| District 12 <input type="checkbox"/> | |

INTERESTED in volunteering for / finding out about...

- AccessAbility committee
- Corrections committee
- CPC (Cooperation with the Professional Community)
- Grapevine* committee
- Library committee
- Public Information committee
- Self-Support committee
- Treatment Facilities committee

Signature: _____ Date received: _____

Submit this form to:

- a) GSR of Your Home Group
- b) District Meeting (see district listings in beginner's guide to general service)
- c) Email to bettertimes@atoronto.org to be directed to your D.C.M.

Privacy laws are respected.