

# VOLUNTEER SIGN-UP SHEET

Volunteers are needed for various areas of AA service work. This sheet combines sign up for **ALL** areas. These are considered **temporary contacts**. As such, contacts are made to fill the immediate or short term need of the suffering alcoholic. Efforts should be made by the temporary contact to help the alcoholic arrange for a long term contact or sponsor on their own. The **12 Step** area is for responses from the 24 hr Hot Line through MAICO at (608)222-8989. **Bridging the Gap - Correct** is for volunteers to serve as temp contacts for people re-locating from corrections facilities to our area. **Bridging the Gap - Treat** is for volunteers to serve as temp contacts for people in treatment facilities in our area, or re-locating to our area from outside facilities. **Special Needs** is for volunteers to serve as temp contacts for people with special needs which is defined as AA's who are blind or visually impaired; deaf or hearing impaired; chronically ill or homebound, and those with limited reading skills. The initial call taker will phone from the appropriate list until a volunteer is located. Even if you are contacted, you can always decline to "take a call" at that time. Your name will remain on the list until you ask to have it removed. **All information obtained is strictly confidential and will be maintained as such. Last names and addresses are important for our records and will NEVER be given out without YOUR permission.** Age and gender are needed to facilitate matching of people/needs. For further information or clarification feel free to contact the MAICO office, 222-8989. **Without volunteers we all fail in our mission. Fill in one section per person and mail to MAICO, 2000 Engel St. Suite 104, Madison, WI. 53713 or email information to: [aamadisonwi@gmail.com](mailto:aamadisonwi@gmail.com) THANK YOU!!!**

Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Work # \_\_\_\_\_  
Available: \_\_\_\_\_ American Sign Language: \_\_\_\_\_  
12 Step: \_\_\_\_\_ Bridging the Gap-Corrections: \_\_\_\_\_ Bridging the Gap-Treatment: \_\_\_\_\_ Bilingual: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Office: \_\_\_\_\_ Email address: \_\_\_\_\_

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Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Work # \_\_\_\_\_  
Available: \_\_\_\_\_ American Sign Language: \_\_\_\_\_  
12 Step: \_\_\_\_\_ Bridging the Gap-Corrections: \_\_\_\_\_ Bridging the Gap-Treatment: \_\_\_\_\_ Bilingual: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Office: \_\_\_\_\_ Email address: \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Work # \_\_\_\_\_  
Available: \_\_\_\_\_ American Sign Language: \_\_\_\_\_  
12 Step: \_\_\_\_\_ Bridging the Gap-Corrections: \_\_\_\_\_ Bridging the Gap-Treatment: \_\_\_\_\_ Bilingual: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Office: \_\_\_\_\_ Email address: \_\_\_\_\_

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