

# Greater Cleveland Al-Anon Information Service Volunteer Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Can we leave a message? Yes \_\_\_\_ No \_\_\_\_

Please check all appropriate spaces.

## **Office Volunteer**

I am willing to help the Cleveland Information Service Office from 9:30 am to 3:30 pm:

Once a month \_\_\_\_\_ Twice a Month \_\_\_\_\_ Weekly \_\_\_\_\_

(Check Preferred Day) M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_

I can volunteer half days 9:30 am to 1:00 pm \_\_\_\_\_ 12:00 pm to 3:30 pm \_\_\_\_\_

Once a month \_\_\_\_\_ Twice a Month \_\_\_\_\_ Weekly \_\_\_\_\_

(Check Preferred Day) M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_

Office experience : Yes \_\_\_\_ No \_\_\_\_

Computer experience: Yes \_\_\_\_ No \_\_\_\_

I have been a member of Al-Anon for two years or more: Yes \_\_\_\_ No \_\_\_\_

Number of years \_\_\_\_\_

I belong to a home group: Yes \_\_\_\_ No \_\_\_\_

I have done service work at my home group: Yes \_\_\_\_ No \_\_\_\_

If so, in what capacity, describe \_\_\_\_\_

I have a sponsor: Yes \_\_\_\_ No \_\_\_\_

I sponsor members: Yes \_\_\_\_ No \_\_\_\_

Any additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Greater Cleveland Al-Anon Information Service**

14900 Detroit Avenue, Suite 308

Lakewood, OH 44107

(216) 621-1381 [www.clevelandal-anon.org](http://www.clevelandal-anon.org)