

718-520-5021

QIAA HOTLINE VOLUNTEER

718-520-5021

TELEPHONE SCHEDULING QUESTIONNAIRE

THREE MONTHS SOBRIETY REQUIRED

Date: ____ / ____ / ____

FIRST NAME: _____ LAST NAME (OR USE INITIAL): _____

HOME TELEPHONE: _____ CELL, IF AVAILABLE: _____

HOME ADDRESS: _____ APT: _____

CITY _____ STATE _____ ZIP _____
ZIP + FOUR, IF KNOWN

BUSINESS TEL.: _____ EXT. _____
(USED DISCRETELY IN EMERGENCY ONLY)

WHEN ARE YOU AVAILABLE?
(PLEASE BE SPECIFIC)

DAYTIME SHIFTS are 10AM-2PM - 2PM-6 PM - or 6PM-10PM
OVERNIGHT SHIFTS are 10PM-10AM
EXCEPTIONS can be made for 6AM-10AM volunteers

SUN. _____

MON. _____ TUES. _____ WED. _____ THURS. _____

FRI. _____ SAT. _____ HOME GROUP _____

DO YOU SPEAK SPANISH? YES NO

1.) READ? YES NO 2.) WRITE? YES NO SOBER DATE: MONTH ____ DAY ____ YEAR ____

SPEAK ANY OTHER LANGUAGES? _____ HAVE INTERNET HOME COMPUTER? YES NO

CAN YOU DO OVERNIGHT SHIFTS: 1 NIGHT PER WEEK, EVERY OTHER MONTH? YES NO

12TH STEP CALLS? YES NO

WANT TO DO PUBLIC INFORMATION SPEAKING? YES NO YOUR AGE: UNDER 20 UNDER 40 41 & ABOVE

INTERESTED IN AN INSTITUTIONS COMMITMENT FOR YOURSELF? YES NO OR FOR YOUR GROUP? YES NO

SUGGESTIONS / QUESTIONS: _____

MAIL COMPLETED QUESTIONNAIRE TO:
HOTLINE QIAA PO Box 754088 FOREST HILLS NY 11375-6737

*I am responsible
Whenever anyone, anywhere reaches out for help,
I want the hand of AA to always be there,
And for that, I am responsible.*