

Corrections Volunteer Sheet

Date: _____ First Name: _____ Last Name: _____
(please print legibly) (please print legibly)

Address: _____ Home Group: _____ District: _____

City: _____ State: _____ Zip: _____ Sobriety Date: _____

Day Time Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Preferred Method of Contact: Phone Y ___ N ___ OR Email Y ___ N ___

If phone is preferred method, check one: Day ___ Evening ___ Weekend ___ Cell ___ OK to Leave Message Y ___ N ___

Availability: Day ___ Evening ___ Weekend ___ Willing to make phone calls: Y ___ N ___

Gender: M ___ F ___ Age: 15-20 ___ 21-30 ___ 31-40 ___ 41-50 ___ over 50 ___

Languages spoken: _____ Languages written: _____

Do you have a valid Drivers License: Y ___ N ___

Do you have a car: Y ___ N ___ Are you willing to travel to surrounding areas: Y ___ N ___

Which areas are you interested in volunteering for:

Inmate Re-Entry Program:

Be willing and available to make contact with a recent AA parolee and introduce them to different meetings and AA members. Team up with other AA members to meet the AA parolee @ a meeting of Alcoholics Anonymous within his/her first few weeks. This '12-step work' is done on a temporary basis to help newly released AA inmates transition from jail meetings to 'Re-Entering' the outside world of Alcoholics Anonymous.

(*Requests from inmates are directed to the Chicago Area Service Office – address below)

Written correspondence:

Answer letters from inmates in a timely manner sharing experience, strength, and hope through written correspondence. Answer requests for literature, questions about how to get to meetings, what AA is and is not, sponsorship, etc... Continue a relationship via written correspondence until inmate is released or until correspondence is no longer warranted/desired.

(*Requests from inmates are directed to the Chicago Area Service Office – address below)

Bringing meetings into jails/prisons:

This is an opportunity to team up with other AA members who bring meetings into various correctional facilities in the Chicago area. Background checks and orientation processes vary according to the correctional facility to which the volunteer is applying.

I AM RESPONSIBLE
WHEN ANYONE, ANYWHERE, REACHES OUT FOR HELP
I WANT THE HAND OF A.A. TO ALWAYS BE THERE,
AND FOR THAT....
I AM RESPONSIBLE

****All information is kept confidential. Your full name and address will never be released. This sheet is for information purposes only.****

**Please return completed form to the Chicago Area Service Office attn: Correctional Facilities Committee
180 N Wabash Ave, Ste 305, Chicago, IL 60601**

*Revised 6/08 by Inmate Requests Chair
Approved by Corrections Committee*