

# Corrections Volunteer Sheet

Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Please print legibly) (Please print legibly)

Address: \_\_\_\_\_ Home Group: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Sobriety Date: \_\_\_\_\_ District: \_\_\_\_\_

Day Time Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: Phone: Y\_\_ N\_\_, OR Email: Y\_\_ N\_\_

If phone is preferred method which one: Day\_\_ Evening\_\_ 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\_\_

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

Do you have a valid Drivers License: Y\_\_ N\_\_ Do you have insurance Y\_\_ N\_\_

Which areas are you interested in volunteering for:

Contact upon Release\_\_ Written Correspondence\_\_ H&I panel member\_\_

(See below for general description of opportunities)

Contact upon release/ prerelease contact:

Be able and willing to pick up and introduce a recent parolee to different meetings and people. Would go with other AA members (as a typical "12 step" call) to help the newly released alcoholic within their first few weeks. Only done on a temporary basis to help transition from jail meetings to AA outside

Written correspondence: Correctional Correspondence Service

Answer letters from inmates in a timely manner sharing experience, strength, and hope through written correspondence. Answer requests for literature, how to get to meetings, what AA is and is not, etc...

Taking meetings into jails/prisons:

This is an opportunity to cause meetings to happen in a correctional facility of your choice on a weekly or monthly basis. Background checks will be made on each applicant. Information will be given to your local H&I committee. Sobriety requirements do apply.

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. Once signed up, more specific and detailed information will be provided to you.\*\**

Please return completed form to:

MSCA 09 Corrections  
Attn: Correspondence  
P.O. Box 11027  
Westminster Ca 92685