**Temporary Contact**

**Love**

**And**

**Service**

**Volunteer**

**Bridging the Gap (BTG)**

Date

*If filling in by hand, please print your information legibly.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Don’t Share1  ⇓ | | Place a check mark by the info you Do Not want to share without your permission. | | | | | | | |
|  | First Name: | |  | Sobriety Date: | | |  | Year of Birth: |  |
|  | Last Name: | |  | | | | | | |
|  | Mailing Address: | |  | | | | | | |
|  | City: | |  | State: | | |  | Zip: |  |
|  | Home Phone: | |  | | | | | | |
|  | Cell Phone: | |  | | | Cell can receive text messages | | | |
|  | Primary Phone: | |  | | | Cell  Home  Work | | | |
|  | E-Mail: | |  | | | | | | |
| Home Group: | | |  | | Home Group City: | | | | |

|  |
| --- |
| **Other Information (Check all that apply)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AA Member |  | | Female | |  | Male |  | | Veteran | |  | | |
| Best Way to Contact You? | | E-mail | |  | | Cell |  | Text | |  | | Phone |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sign me up as a Temporary Contact for:** | **Treatment Facilities** |  | **Corrections** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Can lead meeting in Facility |  | Add me to the local 12 Step list | | |  |
| Facility you want to Support: |  | Alumni Member |  | Board Member |  |
| Health Care Facility/Recovery House you work at: | | | | |  |

|  |  |
| --- | --- |
| **Registration - So I can be Contacted** | |
| Please list me with Alcoholics Anonymous. | Please list me with the Intergroup. |

|  |  |  |  |
| --- | --- | --- | --- |
| Your Area 29 District # |  | Your Local Intergroup |  |

|  |
| --- |
| Comments Notes: |

**Anonymity within AA:**

"As far as anonymity was concerned we knew who we were. It wasn't only AA but our social life. All of our lives seemed to be spent together. We took people home with us to dry out. The Cleveland group had the names, addresses, and phone numbers of all the members," said Warren. "In fact, I remember Dr. Bob saying, 'If I got up and gave my name as Dr. Bob S., people who needed help would have a hard time getting in touch with me.'"

Warren recalled, "He [Dr. Bob] said there were two ways to break the Anonymity Tradition: (1) by giving your name at the public level of press or radio; (2) by being so anonymous that you can't be reached by other drunks." (Dr. Bob and The Good Old-timers: (Pages 264 & 265) *Copyright © (July, 2012) A.A. Grapevine, Inc. Reprinted with permission.*

**Information provided to the Treatment Facilities Committee is confidential and will remain inside AA.**

**This form can be e-mailed to** [treatmentfacilities@marylandaa.org](mailto:treatmentfacilities@marylandaa.org) **or faxed to 443-451-8255** **or mailed to: Maryland General Service Inc., Attention: TFC, P.O. Box 20177 Baltimore, MD 21284-0177**

BTG 4 Temporary Contact Volunteer Form - 1012133 JDR CBA THS KW JDR