

## AA & NA Volunteer Application

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Area Code & Phone Number		Email Address	

DO WE HAVE YOUR PERMISSION TO CONTACT YOU BY WAY OF THE ADDRESS, PHONE NUMBER & EMAIL ADDRESS THAT YOU'VE PROVIDED ABOVE?    YES       NO

**Please answer the following questions:**

1. Are you at least 18 years old?    Yes    No
2. Are you strong in your own recovery and ready & willing to give back what AA and/or NA have given to you?    Yes    No
3. Do you have at least 2 years of recovery?    Yes    No
4. Have you had any legal problems in the past 2 years? This includes arrests, convictions, probation and parole, but not traffic violations.    Yes    No
5. Have you had any felony convictions in the past 5 years?    Yes    No
6. Have you been convicted of assault/assaultive crimes in the past 10 years?    Yes    No
7. Would you be available at least once a month for 6 months to volunteer?    Yes    No
8. Do you have reliable transportation to get to and from the jail for volunteering?    Yes    No
9. Would you treat volunteer work with the same level of responsibility as a paid job?    Yes    No
10. Are you able to set healthy limits with others?    Yes    No
11. Were you referred to volunteer?    Yes (Who referred you? \_\_\_\_\_)    No

**Please check off the groups you're interested in:**

***Women May Select:***

- Women's NA-Monday Night-7-8:30pm
- Women's NA-Wednesday Night-5:45-7pm
- Women's AA-Tuesday Night-7-8:30pm
- Women's AA-Thursday Night-7-8:30pm

***Men May Select:***

- Men's AA-Wednesday Night-7-8:30pm
- Men's AA-Thursday Night-7-8:30pm
- Men's NA-Wednesday Night-7-8:30pm
- Men's NA-Thursday Night-7-8:30pm

**Completed Applications May Be Submitted By Mail, Fax or Email:**

<p><u>By Mail:</u> Clinton Counseling Center Jail Program 43565 Elizabeth Rd. Mt. Clemens, MI 48043 ATTN: Lauren Piatek</p>	<p><u>By Fax:</u> (586) 307-9305</p> <p><u>By Email:</u> (complete application, scan &amp; attach) Lauren.Piatek@macombgov.org Sue.Demara@macombgov.org Kathy.Fazzalare@macombgov.org</p>
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**Questions? Please feel free to get in touch with any of us:**  
Lauren Piatek (586) 307-9463    Sue DeMara (586) 307-9570    Kathy Fazzalare (586) 307-9464

***For Jail Program Records Only:***

Date Application Received: \_\_\_\_\_

Invited To Orientation?  Yes  No

Orientation Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Cleared to Volunteer?  Yes  No

Informed of Outcome?  Yes  No