

North Florida Area Conference (Area 14) Bridging the Gap Volunteer Form

First Name: _____

Last Name: _____

SEX: Male Female

City: _____

Province or State: _____

Zip or Postal Code: _____

Daytime Phone: _____

Nighttime Phone: _____

Home Group: _____

Location: _____

This information is confidential and will remain inside A.A.

Date: _____

INSTRUCTIONS:

If you wish to participate in "**Bridging the Gap**", a temporary contact program to help those exiting a treatment or corrections program make the transition to regularly attending meetings and becoming involved in Alcoholics Anonymous, please **download** to your device, **fill** it out and **email** it to: treatment@aanorthflorida.org **and/or** corrections@aanorthflorida.org

Thank You for Serving Alcoholics Anonymous