

AREA 14 SERVICE COORDINATOR – ADMINISTRATIVE
CHAIR SERVICE RESUME

Instructions: Complete and turn in to Chair-elect. Thank you for your willingness to serve.

NAME: _____ SOBRIETY DATE _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE NUMBER: _____ e-MAIL: _____

POSITION(S) _____

SERVICE HISTORY INFORMATION: (Continue on back)

WHY I WISH TO SERVE IN THIS CAPACITY: (Continue on back)

Service Coordinator

___ Accessibilities

___ Archives

___ Cooperation with Professional Community

___ Corrections

___ Grapevine

___ Intergroup

___ Literature

___ Public Information

___ Treatment

Administrative Chair

___ Finance

___ Website

Other

___ Parliamentarian