HARRISBURG AREA INTERGROUP VOLUNTEER INFORMATION

GROUP NAME: _____ ADDRESS_____
(Church/bldg. name, street address, city)

MEETING DAY(S)/TIMES:_____ DATE UPDATED:_____

Name	Phone#	Email	City	12 Step Call	Meeting Rides	Temporary Contact	Prison Contact

I AM RESPONSIBLE WHEN ANYONE ANYWHERE REACHES OUT FOR HELP, I WANT THE HAND OF AA ALWAYS TO BE THERE AND FOR THAT, I AM RESPONSIBLE.