

HOTLINE SIGNUP FORM

6 months sobriety minimum

Name: _____ Male Female

Address: _____ Today's Date: _____

City & Zip: _____ Sobriety Date: _____

Home Phone: () _____ Cell () _____ Fax: () _____

E-mail: _____ Send next update by E-Mail Postal Mail Fax

Languages other than English: _____

Will you talk with wet drunks? Yes / No

Would you be available to work the Hotline on some Holidays? Y / N

Are you interested in backing up hotline shifts? Y / N

Please check the shifts that you would like to be on the waiting list for:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 6am-Noon	<input type="checkbox"/> 6am-9am	<input type="checkbox"/> 6am-9am	<input type="checkbox"/> 6am-9am	<input type="checkbox"/> 6am-9am	<input type="checkbox"/> 6am-9am	<input type="checkbox"/> 6am-10am
<input type="checkbox"/> Noon-5pm	<input type="checkbox"/> 5pm-7pm	<input type="checkbox"/> 5pm-7pm	<input type="checkbox"/> 5pm-7pm	<input type="checkbox"/> 5pm-7pm	<input type="checkbox"/> 5pm-7pm	<input type="checkbox"/> 2pm-5pm
<input type="checkbox"/> 5pm-10pm	<input type="checkbox"/> 7pm-10pm	<input type="checkbox"/> 7pm-10pm	<input type="checkbox"/> 7pm-10pm	<input type="checkbox"/> 7pm-10pm	<input type="checkbox"/> 7pm-10pm	<input type="checkbox"/> 5pm-10pm
<input type="checkbox"/> 10pm-6am	<input type="checkbox"/> 10pm-6am	<input type="checkbox"/> 10pm-6am	<input type="checkbox"/> 10pm-6am	<input type="checkbox"/> 10pm-6am	<input type="checkbox"/> 10pm-7am	<input type="checkbox"/> 10pm-7am

Complete this form and:

Mail to Contra Costa Service Center, 185 Mayhew Way, Walnut Creek, CA 94597
 Or **fax** to 925-939-7125

Please don't forget to complete the information at the top of the form including your email address if you have one.

In the future we would like to communicate information by email as much as possible. It is much quicker and more efficient than U.S. mail.

Thank you for being of service!