



NEW HOPE

RECOVERY CENTER

Volunteer Contact Sheet

Name: _____

Phone Number: _____

Address: _____

Email: _____

Volunteer Position: _____

Volunteer Expectations/Acknowledgements

- One year of continuous sobriety for all chair people.
- Have a desire to help others to recover from the disease of alcoholism/addiction.
- Respect strict confidentiality.
- No food or drink allowed in the group room.
- No soliciting.
- Carry the message of recovery and promote a healthy spiritual lifestyle
- Promote recovery from all substances.

Volunteer Signature

Date