

## Bridging the Gap/ Volunteer Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Location: \_\_\_\_\_

Your age range (choose one):

Under 21    22-35    36-60    over 60

Gender identity: \_\_\_\_\_  
(e.g. Male, Female, Non-binary)

Preferred Language: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Zip or Mail Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Group: \_\_\_\_\_

Home Group Location: \_\_\_\_\_

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

Please click submit to email this form  
to Area 21 Treatment chairperson.

[area21treatment@gmail.com](mailto:area21treatment@gmail.com)

Thank You for your service in  
Alcoholics Anonymous