

Al-Anon Service Phone Referral Form

Thank you for committing to one year of Al-Anon Service to be included on the referral list for the Al-Anon Answering Service. This service provides 24/7 coverage for individuals calling our published phone number.

- **The Procedure.** The answering service receives the call and obtains the name and number of the individual making the call. The answering service then uses our referral list to find the closest Al-Anon person who is available to speak to the caller. *Note: the answering service never provides the caller with a number directly. The answering service will only speak to the individuals on the referral list. Everyone's anonymity is protected.*
- The answering service may provide the caller with a meeting time and location if it is requested.
- **Crisis Calls.** If the answering service receives a crisis call, they contact a crisis hot line to immediately deal with the situation.
- **Long Distance Call.** Every attempt possible is made to avoid members making long distance calls.

Please complete the information below and e-mail to the appropriate answering service coordinator and your information will be forwarded to the answering service.

- Districts 1, 2, 6, & 7 - Deb J. <land13@comcast.net>
- Districts 3, 4 & 5 - Dianne R. <purplemonarch54@yahoo.com>

You may give the form to your district representative and they can e-mail the information. *Please print the information.*

Name (last name optional) _____ Phone # _____

Local phone service area(s) Town(s) 1. _____ 2. _____

3. _____ 4. _____

Counties (Optional) 1. _____ 2. _____

Available to receive calls DAY(s) _____ AM _____ PM _____

DAY(s) _____ AM _____ PM _____

Special Instructions or information _____

Guidelines for 12th step calls are attached. Remember you are sharing your experiences, strength, and hope with the person in need but not advice.