

**Northern Delaware Intergroup, Inc.**  
**After Hours Phone Coverage Sign Up Sheet**  
(Participants must have at least 6 months of continued sobriety)

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Sobriety Date: \_\_\_\_\_ Sponsor:  yes  no

Age: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

**Monday through Friday the phones are transferred to a volunteer at 4:30PM and will be transferred back to the office around 8:30AM. The volunteers on the weekends will have the phones Saturday afternoon through Monday morning since the office is not open on Sundays.**

**Please Check the Following Nights You Are Available Volunteer:**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Please return this form to your Intergroup representative, or send to NDIAA at:  
NDIAA, Inc.  
21B Trolley Square  
Wilmington, DE 19806  
(302) 655-5113

**All information provided will be in strict confidence in NDIAA, and only used by NDIAA for 12<sup>th</sup> step service.**