## Bridging The Gap Temporary Contact List

## When Anyone, Anywhere, Reaches out for Help, I want the Hand of A.A. Always to be There. And for that: I AM RESPONSIBLE

By signing your name on this list you are saying that you are willing to help a person being released from a treatment facility, hospital or correctional institution.

Your First & Last Name	M/F	City/Area	Zip	Phone	Sobriety Date	Email	Year Born	Languages	T/C, or Both