



**A.A. Sunshine Committee
Volunteer List
District 7 Lake & Sumter County**



Group: _____ *County:* _____ *Date:* _____

| | | <i>How would you like to help? Check the boxes that apply:</i> | | | |
|----------------------------|---------------------|---|---------------------------------|-----------------------------------|--------------------------|
| First and Last Name | Phone number | Email address | Give a ride to a meeting | Bring meeting to a Shut-in | Make a Phone Call |
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- ~ Help inform and offer means of accessing the AA message to those members who are blind, sight impaired, Deaf, hard of hearing, hospitalized, home bound or chronically ill, assisted living facility, wheelchair-bound, limited reading skills or developmentally disabled.
- ~ For more accessibility/special needs information, please contact Chairperson via email at accessibilities@lakecountyaa.com
- ~ **Submit this form** to your group's General Service Representative (GSR) or Intergroup Representative or Central Office.