

PIPO Speaker/Volunteer Profile

Instructions: *Print this form. Complete it and hand deliver to the PIPO chair at the next Intergroup meeting or mail it to the PIPO committee chair.*

Confidential: *This will be on file with the PIPO committee. It must be updated or destroyed (shredded) once a year. Only your name and phone number will be available to committee members.*

NAME: _____

ADDRESS: _____ email: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

TELEPHONE: (day) _____ (evening) _____

Length of Abstinence: _____ Length of time in OA: _____ Age: _____

12 Step Experience: Worked all Steps Worked through Step _____

How long have you sponsored? _____

Describe the type of institutional experience: _____

Please check areas of interest or experience:

___ Schools ___ Recovery Homes ___ CDU ___ EDU/Hospital

___ EAP ___ Psych/Crisis Center ___ Prisons/Juv. Prob.

___ Other (please specify) _____

OA service above the group level: _____

How long have you been at or near goal weight? _____

Signature

Date