

SOUTHEND BOOKSTORE
SERVICE INFORMATION

CONFIDENTIALITY STATEMENT

When completed, this is a confidential document to be used by the Southend Bookstore only.
Information contained herein is not available to any person or institution under any circumstances.

Date: _____
Name: _____ Sobriety Date: _____
Permanent Address: _____
Home Group Name: _____
Home Phone: _____ E Mail: _____
Best Time to Call: _____

Desired Day (s): _____ Desired shift: _____

Volunteer / Shifts	Tuesday	Wednesday	Thursday	Friday	Saturday
	11:00AM - 3:00PM			6:00PM - 8:00PM	

Best Hours for YOUR Shift _____
Can "fill in" for another shift if need be: YES _____ NO _____ Possibly _____
Will this time be towards Community Service? YES ___ NO _____
Number of Hours needed: _____

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To be completed by Greater Seattle Intergroup and Southend Bookstore

Date Received: _____ Date Contacted: _____
Date Trained: _____ Date Started: _____

SOUTHEND BOOK STORE OFFICE VOLUNTEER

MANAGER: _____

GREATER SEATTLE INTERGROUP

MANAGER: _____

**MAIL TO
Mike Running
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Kent, Wa 98032**

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