

Years of Sobriety								
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District IV Hotline

Please sign below if you would be willing to be in service and responsible for calls to the Hotline
Required 1 year sobriety

Please put times available on the days you can answer below

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FULL NAME							
Phone Number							
Town of Residence							
Years of Sobriety							

FULL NAME							
Phone Number							
Town of Residence							
Years of Sobriety							

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Phone Number							
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