

ADDENDUM C
REFERRAL FORM

Today's date: _____

Phoneline volunteer: _____

Time: _____

Caller's name: _____

Name of agency/organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Caller's telephone number: _____

Hours available: _____

Evening telephone number: _____

Hours Available: _____

Reason(s) for calling:

- _____ Hospitals & institutions meeting request
- _____ Hospitals & institutions problem
- _____ Public information presentation request
- _____ Request from media (newspaper, TV, radio)
- _____ Literature request (meeting lists, pamphlets, etc.)
- _____ Request for general information
- _____ Recovery meeting problem
- _____ Schedule of activities request
- _____ Other (describe in detail): _____

Referred request to (check the appropriate selections):

Area Region

- _____ Chairperson
- _____ Public information chairperson
- _____ Hospitals & institutions chairperson
- _____ Literature chairperson
- _____ Activities chairperson
- _____ Phoneline chairperson
- _____ Service representative/alternate (circle one)
- _____ Other (describe in detail) _____

Important: Upon completion, contact the appropriate NA subcommittee.

Follow-up notes: _____

