



Help Line Volunteer Application Form

Please be assured that all information will be treated as strictly confidential and is for the use of the Help Line Co-ordinator only.

PLEASE USE BLOCK CAPITALS

DATE: _____

FULL NAME: _____

ADDRESS: _____

POST CODE: _____

TELEPHONE NO: _____

MOBILE NO: _____

EMAIL: _____

HOW LONG HAVE YOU BEEN CLEAN & SOBER? (Minimum requirement is six months)	
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PLEASE TICK THE SHIFTS YOU WOULD PREFER / ARE AVAILABLE FOR

MON	TUES	WEDS	THURS	FRI	SAT	SUN
10am-2pm	10am-2pm	10am-2pm	10am-2pm	10am-2pm	10am-2pm	10am-2pm
2pm-6pm	2pm-6pm	2pm-6pm	2pm-6pm	2pm-6pm	2pm-6pm	2pm-6pm
6pm-10pm	6pm-10pm	6pm-10pm	6pm-10pm	6pm-10pm	6pm-10pm	6pm-10pm

If you have any questions please contact the Help Line Co-ordinator,
Email: helpline@cauk.org.uk

When fully completed, please post this form to:

Cocaine Anonymous UK

PO Box 46920, London E2 9WF