

**Bridging the Gap (BTG)  
California Northern Interior Area**

**BTG Chair Workbook (District/Local)**

**How It Works...  
Suggestions for Twelfth Step Work at the District/Local Level  
April, 2010**

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**About this workbook-** CNIA would like to say a huge thanks to the BTG committee in California Northern Coastal Area 06 that wrote the original workbook. This updated document is intended for the use of BTG volunteers in CNIA involved with their District/Local committees. This workbook contains suggestions and guidelines for BTG service work, but is not a substitute for drawing upon the experience, strength and hope of those with prior experience with BTG at the District and Area levels and should be used in conjunction with other CNIA and AA literature referred to within the workbook. It is written as though the District will perform the work, and it is recognized that each locality is autonomous and that the services may be provided by other entities such as Central Offices.

**Statement of Purpose-** The purpose of Bridging the Gap\*\* is to bridge the gap between A.A. members in treatment facilities, hospitals, and correctional facilities and the first A.A. meetings patients and inmates go to upon release in the home community.

Members of Alcoholics Anonymous, usually acting in pairs, meet the patients or inmates after release and accompany them to their first A.A meeting. As in all 12<sup>th</sup> step work, this activity is strictly voluntary.

BTG in California Northern Interior Area offers support, encouragement, and tools to help make this vital 12<sup>th</sup> step work possible. BTG activities include:

- To meet and correspond with representatives of local institutions to ask for permission to make this service available to their patients and inmates; Correspond with inmates and patients desiring BTG on release.
- To maintain lists of AA volunteers willing to do BTG work and to coordinate 12<sup>th</sup> step calls.
- To communicate and cooperate with other A.A. service entities in Northern California including: the CNIA Area, the CNIA Districts, the CNIA PI/CPC committee, Northern California H & I Committee and all local H & I committees, A.A. Central Offices and Intergroups.
- To maintain correspondence with appropriate staff members at the General Service Office in New York.
- To print and distribute appropriate literature.

\*\*The name “Bridging the Gap” is taken from the pamphlet “Bridging the Gap Between Treatment and A.A. through Temporary Contact Programs” (P-49). In some Areas, BTG has evolved to address the needs not only of those coming out of Treatment Facilities, but also Correctional Facilities. This is done either in conjunction with “The A.A. Corrections Pre-Release Contact Program” (F-162), or through the use of locally established procedures. In either case we are reminded this is basic 12<sup>th</sup> step work. Our collective experience suggests it is best to be accompanied by another A.A. member when meeting a newcomer. Additional suggestions can be found in the pamphlets cited above.

**Work Flow (These are the steps in the process)**

**Presentation**

Make the initial presentation to administrators of facilities. Make ongoing presentations to patients / inmates who may then make a request to be contacted by BTG.



**Phone Coordination**

Create a Volunteer Phone List; ensure volunteers are trained; call volunteers from the Volunteer Phone List, give volunteers information from the Contact Request; and forward Contact Requests for other Districts to the appropriate BTG Chair.



**Contact**

After the patient or inmate is released from institution or facility usually two A.A. volunteers will meet the patient or inmate at an AA meeting.



**Follow-Up Coordination**

Check on completion of the contact and provide follow-up report to BTG Chairperson prior to CNIA BTG Area Meeting.



**District BTG**

Reports the work that has been happening in their District to the CNIA BTG Chair

**Electing a District/Local BTG Chairperson** (These are suggestions. Each group is autonomous and may use its own guidelines. Intergroups may already be doing this vital work. This could be a position for Alternate GSRs or the Alternate DCM)

Many District BTG efforts in CNIA are funded by, supported by, and responsible to their local General Service District, who will want to participate in the election process for the BTG Chairperson. It is recommended to use the 3rd Legacy procedure to elect the District BTG Chair position. It is suggested that the BTG Chairperson have at least 2 years of current, continuous sobriety and recent service experience. It is suggested that the District strive to obtain an Alternate BTG Chairperson to assist with the responsibilities and to help develop BTG for the District. Below is a description of responsibilities and suggestions for the positions.

## **Responsibilities**

It is suggested that people with service experience including experience with A.A.'s 12 steps fill these positions. As in all other A.A. service positions, rotation is vital to our health. In order to ensure continuity it is suggested that rotation occur at the end of a two-year panel.

## **BTG Chairperson (suggested volunteer has 2 years sobriety)**

- Has overall responsibility for District BTG activities.
- Responsible for ensuring that BTG activities remain focused on bridging the gap from the institution and facilities to the AA meeting.
- May conduct a monthly District BTG meeting.
- Responsible for collaboration and communication with various entities.
- Responsible for representation at the following monthly meetings:
  - **CNIA BTG Area meeting.** Provide monthly tally of requests, follow-up and BTG activities within the District.
  - **General Service District meeting.** Because BTG receives funding from General Service and in the spirit of cooperation and shared experience, it is highly recommended to keep your District informed of BTG activity.
  - **Local H& I meeting.** To coordinate and inform them of facility activities, e.g. prisons or jails. It is best to talk with your local H&I committee **before** proceeding with any facility.
  - **Local PI/CPC.**
  - **Other Local Committees such as Central Office.**

We suggest that representation at the above meetings may be delegated to other BTG volunteers. This reduces the monthly load for the chairperson, cross-trains others, and increases awareness of BTG .

## **Other Suggestions:**

- Start small in order to stay focused and meet all commitments.
- Put BTG Volunteer Information with A.A. literature at meetings (with the group's permission).
- Elect a Home Group BTG Rep to help build a foundation of local volunteers. Some groups may want to become involved with specific facilities.
- Find one or two Volunteer Coordinators to generate a Volunteer Phone list of several volunteers.
- Find Phone Coordinator to coordinate Phone List.
- Choose one facility and contact the administration for a presentation about BTG. After facility approval, begin routine presentations to patients/inmates.
- Continue to add more volunteers to your Volunteer Phone List especially when working with two or more facilities.

- Hold regular BTG District meetings to discuss progress.
- Some Districts hold occasional workshops - offer to assist with one on BTG
- Communicate with Area BTG Chair and other District BTG Chairs to share experience, strength and hope. (workshops or sharing sessions)

### **Alternate BTG Chairperson (suggested volunteer has 1 year sobriety)**

- Assists BTG Chairperson in all his/her duties.
- Logs new volunteers to the master Volunteer Phone list and give list to Phone Coordinators.

### **Phone Coordination (suggested volunteer has 2 years sobriety)**

This can be a busy position and may be shared by more than one person. It should be filled by someone who will honor A.A.'s principle of Anonymity, as they will be entrusted with personal information about patients, prison inmates and AA members.

- Calls and e-mails volunteers from the Volunteer Phone list and provides information from the Contact Requests
- Calls all volunteers every 2-3 months to see if their phone numbers are still valid and updates information.
- Forwards Contact Requests for other Districts to the appropriate District Chair.
- Follow up with volunteers on the completion of each contact and passes this on to the BTG Chairperson on a regular basis.

Each Phone Coordinator is responsible for the timely matching of a Contact Request with a volunteer. You will receive completed Contact Request from BTG Liaisons responsible for BTG presentations inside facilities. Contact Requests may come from other sources.

For contacts with an address inside your District, use your district Volunteer Phone List to find a match with the Contact Request based on the following criteria:

- Geographic location (Zip-Code)
- Gender (male-male, female-female)
- Age
- Special request (language, etc.)

If you leave a message on an answering machine or if another person in the home takes a message, it should be similar to: "This was Bridging The Gap calling. Thank you. "(Don't use A.A. in the message you leave).

If you cannot find a suitable match for contacts with an address inside your district, try the following:

- Use the next closest adjoining zip code or geographic location.
- Look for the same city name.
- Look for the same telephone prefix.

Call an AA member you know personally and can trust with this important responsibility.

Use AA Directory for contacts

### **Phone Coordination Orientation**

Experience has shown that orientation is helpful before conducting phone calls. Typical items to cover are:

- A firm commitment is necessary.
- Be mindful of safety.
- How to use the Volunteer Phone List.
- The importance of timely matching a Contact Request with a Volunteer. The actual call to arrange to meet at a meeting should be made as soon as possible after their release from institution or facility.
- An updated Volunteer Phone List held by at least the BTG District Chairperson and Alternate has proven to be a key element for effective BTG work.
- If there is information in .the back of the Contact Request on how to contact them inside, the volunteer should get in touch with the patient or inmate as soon as possible to make arrangements for meeting.
- Meeting the contact should NOT be done alone. A volunteer should choose-another-AA-member-of-the-same gender to go with them. It is suggested that at least one volunteer have 1 year of sobriety if going into a prison.

**The volunteer needs to know that the responsibility for BTG has been turned over to them.**

### **Contacts Having an Address Outside Your District**

Often contacts will have an address outside of your District or county. There are many different ways to reach an A.A. member in different locations.

If the address is outside your district but **inside our area** (CNIA): use the Area BTG phone number list, and give the contact Information to the appropriate BTG Chair. This list can be obtained from the CNIA BTG Area Chair. If after a day or two you cannot reach the BTG chairperson call the District Committee Member.

Contacting the Central Office for A.A. in the area you are looking for is another option. By calling 1-(Area Code)-555-1212, you can find the phone number of Alcoholics Anonymous/ the Central Office in that location. Calling this number during office hours may enable you to find someone who can assist you with passing along your 12th step contact information.

You might have to explain BTG to someone who has never heard of it. An explanation could be similar to: "Bridging The Gap is a part of A.A. It is A.A. members meeting someone coming out of confinement and accompanying that person to their first A.A. meeting In their home community. We do this at the request from the person who is reaching out for help."

If the address is in another area or state, you may also contact the Area BTG Chair or Correspondence person (btgcorrespondence@CNIA.org) or try phone numbers from the Worldwide Temporary Contact Points. (Available from the Area BTG Chair.).

- Regional Directories
- Correctional Facilities Committee Chairs or Contacts By Area -This GSO list is for the 93 USA and Canada Areas.
- Contact the Central Office in or near that town.

Following up all out-of state contact requests may prove difficult. We can never guarantee that a request will be fulfilled thus we should never commit to anything we may not be able to do.

### **Follow-up Coordination (suggested volunteer has 2 years sobriety)**

Follow-up work is done to ensure that the hand of A.A. has been extended. When the Phone Coordination has been completed, the job of BTG is completed.

Contact Requests are resolved in a number of ways:

The Volunteer reached the Contact Requester by phone and then:

- They arranged to meet at an AA meeting and the request was completed. Result: **Completion!**
- Requester is not released and Contact Request is delayed. Result: **Unknown.**
- Requester goes to an AA meeting on his or her own or with someone else, and does not need our help. Request was completed, but did not result in a meeting the contact. Result: **Declined.**
- Requester does not want to go to an AA meeting. Request was completed. Result: **Declined**

The Requester could not be reached due to:

- A wrong number or disconnected phone or person no longer at that location. The Request was not completed. A letter should be sent to the last known address if possible. Result: **Disconnect.**
- Not enough time has passed for the Volunteer to contact the Requester. Result: **Not Made Yet.**
- Volunteer left a message for the Requester but has not heard back. Result: **Pending Callback.**

When a Volunteer is given a Contact Request, the volunteer is asked to return a call upon resolution of the Contact Request.

### **Suggested Report to the Area BTG Chair**

The Coordinators should hold on to Contact Request information for one month or until the Contact Request has been resolved. If the Follow-up Coordinator has not heard from the Volunteer within a month the Volunteer should be called to determine how successful the Contact Request has been.

After a contact match has been secured, X out the front of the Contact Request write the volunteer name and phone number on the back of the Contact Request, and forward it to your BTG Chairperson.

Before the CNIA meeting in West Sacramento, the 3<sup>rd</sup> Saturday of the month (no meeting in December), BTG Chairperson or their representative will deliver a report on the results of the Contact Requests for the previous month.

### **Here is a suggested report:**

Contact Requests Received and Made: 15  
Completed: 13  
Delayed (Unknown): 1  
Declined: 1  
Contact Requests Not Completed: 6  
Disconnects: 2  
Not Made Yet: 3  
Pending Callback: 1

### **Volunteer Coordination (suggested volunteer has 1 year sobriety)**

- Locates new volunteers for the district and collects their volunteer BTG Team cards
- Turns in the new volunteer BTG Team cards to the Alternate BTG Chairperson.

When first starting out, it is a good idea to give the responsibility of finding volunteers to someone other than the BTG Chairperson or Alternate. As your BTG effort grows, finding volunteers is a key factor in keeping things going. It may require more than one person. We suggest supplying those who are responsible for locating volunteers the information on Getting Volunteers. If your District is just starting out, it is suggested that you find a few volunteers to start working with a single facility.

### **Getting Volunteers**

One of the best ways to find volunteers is to go to H & I, Intergroup, District and PI/CPC committee meetings and make announcements and hand out fliers. Enthusiastic, positive sharing of personal experiences and one-on-one discussions has proven to be more effective than a simple announcement.

Members at those meetings may not volunteer but they may be able to share information about BTG and distribute your fliers to other groups. Using the help of fellow AA members can be an effective way of carrying the message. You may also want to make announcements about local BTG workshops (when applicable).

### **Basic Volunteer Packet Items**

We've listed some suggested items for a volunteer packet. CNIA BTG provides all the master copies for these forms in a separate package:

Bridging the Gap Volunteer Guidelines

Bridging the Gap (pamphlet)

Where Do I Go from Here? (pamphlet)

What AA is and AA isn't? (pamphlet)

Meeting schedules

A Brief Guide to AA (pamphlet)

Treatment Center Guidelines

Contact Card

Most Districts find the above items provide clear and concise information for new volunteers. However, there are other publications that may be useful. They can be obtained from your local A.A. Central Office, GSO or your local General Service Literature/Grapevine chairperson.

**Information on AA** - (GSO pamphlet F-2.)

**44 Questions** - (GSO pamphlet P-2)

**AA at a Glance** - (GSO pamphlet F-1)

### **Volunteers**

(Suggested 6 months sobriety; working knowledge of the 12 Steps and of the 12 Traditions)

- Meet patient/inmate at AA meeting
- Report back to District regarding results of contact.

### **When Volunteers Correspond**

They should be given two pieces of CNIA BTG literature; "Volunteer Guidelines" and "How To Correspond With Someone Confined". Originals for copying these items are available separately as the "CNIA BTG Originals for Copying".

## Presentation

(Suggested volunteers have a minimum of 1 year of sobriety)

- Make the initial presentation to the staff at the institution or facility.
- Make presentations to patients/inmates.
- Distribute information on what AA and BTG is, what AA is NOT, and how patients or inmates can request a BTG contact.
- Distribute Contact Cards
- Collect Contact Cards and forward Contact Cards to the Phone Coordinator.

When BTG is just getting going in a District, it is best not to make too many commitments that may overwhelm the local structure before it is ready. At the beginning it will often be the case that only a few people in the District will be doing almost all the work. For these reasons, working with only one facility to start with is important.

There are two types of Presentations. One is for facility staff and the other is for the patients or inmates. The staff presentation is usually done once to inform the facility about BTG, to arrange for starting the routine presentations to the patients or inmates, and, if requested, to discuss specifics for that facility.

Your local H & I and PI/CPC committees may help direct you to the staff to contact for arranging the initial presentation. **Before** proceeding with any **correctional facilities/jails**, it is especially important to talk with your local H & I committee *first* to let them know what the BTG is planning to do.

Before contacting a facility, make sure your Presentation material is complete. Initial staff contact can be made with a letter and a follow up telephone call. The personal approach of a phone call seems to work best. If they agree to a presentation, ask them to have equipment available to show a tape or DVD, if at all possible.

### Presentations for Facility Staff

Getting volunteers together and reading the BTG Staff Presentation Team Skit (available through the area BTG) can help you become familiar with the concept of a facility staff presentation.

The Presentation team should consist of two or three members. Each should have personal experience of alcoholism and recovery; take a common sense approach to conducting presentations; have the ability to follow directions and keep a commitment; bring with them a sense of cheerful humility; have a broad knowledge of AA, and be able to stick to the business of BTG. Because we are seen as representing Alcoholics Anonymous, it is important to be on time and pleasant. Be brief and to the point. The staff may already be familiar with A.A. Avoid being abrasive or getting involved in any type of controversy - it helps to keep in mind that A.A. simply has no opinion on outside issues. We are simply there to inform them that BTG is an effort to bridge the gap to A.A. in the outside world.

When corresponding with a facility (or especially with patients or inmates) volunteers should use whatever alternate address your district has chosen to use.

### Suggested Facility Presentation Format



1. Introduce yourself and inform them that you are there to explain about Alcoholics Anonymous BTG. Hand out the brochures, using your best judgment about what quantity and which titles to provide.

BTG	CNIA BTG Information cards	6 copies
B-2	12 Steps and 12 Traditions (paper)	1 copy
P-35	Problems Other Than Alcohol	6 copies
P-49	Bridging the Gap	6 copies
F-2	Information on A.A.	6 copies
P-28	Twelve Traditions Flier	6 copies
F-1	AA at a Glance	6 copies

2. Show the DVD Hope: Alcoholics Anonymous. The staff should review it before it is shown to the patients or inmates. It can be ordered (item #DV-09) from AAWS, any Intergroup/Central Office, your local General Service Literature/ Grapevine chairperson, or BTG Area Literature Chairperson.
3. Explain that you would like to come into their facility to show this tape or DVD to patients or inmates that are interested in A.A. and how A.A. members in BTG can meet them when they are released to go to a meeting. Once they have indicated a desire for help they would then make a Contact Request. The initial contact is the Contact Volunteer's responsibility and is made while they are still inside. This is done by personal visits, phone calls or letters, depending on circumstances. The BTG Volunteer is responsible for calling or meeting the patient or inmate upon their release to go to an A.A. meeting. Point out that BTG may also be located in other parts of the US and Canada for those released out of the area. Contacts have also been facilitated in other countries.
4. When talking about the Contact Request, point out that the information is needed to make contact with the patient or inmate for an outside meeting in their hometown. The information is retained until contact is made and then is destroyed.
5. Review our Traditions with particular emphasis on the **3rd and 5th traditions**. Our Traditions are based solely on past experience. When the staff is informed up front, later misunderstandings can be avoided. For example, the non-alcoholic addict should be referred to other 12 step programs as we are there only to help the ones that desire to stop drinking. The back of the CNIA BTG "White Card" which explains briefly, what BTG is and how to request a BTG contact and the pamphlet, "information on A.A., (F-2) both have a list of the things A.A. does not do.
6. Open the discussion for questions. Frank, open honesty should be the guidelines for all questions. If you do not have an answer, admit it and promise to get back to them ASAP with an answer.
7. Committing to only one or two of the patient or inmate presentations a month in the beginning is suggested. It should be known how many presentations your system can do and respond to. If you do not have enough team members or volunteers, it is OK to say: "We can only do one presentation per month at this time". You can always ask to increase it later. **It matters that we do what we say we can.**
8. Leave your name, phone number and best time to receive calls with them so they have a way to contact you.

9. Be sure to take notes on special procedural requirements the staff may discuss with you. If possible, type them up later so they can be given to the Presentation Teams making presentations to patients or inmates at that facility.

## **Other Ways to work with Facilities**

These methods for BTG Presentations have proven to be a consistent way to find those alcoholics that desire help when they are released. There are other approaches that can be tried where formal BTG Presentations may not be possible. Such as:

You may be able to make arrangements with a facility to leave a confidential Contact Card box with a display explaining BTG. Those cards could routinely be checked and picked up once or twice a week. It is important that someone is responsible for picking up potentially filled out cards. The patients or inmates and staff may notice if stale cards are left behind.

There are many different ways to work with staff on the inside. See the "A.A. Correctional Facilities Workbook" in the "Prerelease AA Contact" section for more ideas along these lines.

## **Presentations for Patients or Inmates**

The *Suggested BTG Facility Presentation* is used at presentations by most facility presentation teams.

This presentation should be done in pairs, although if only one person is available, the commitment should be honored.

The number of team members for all the Presentation Teams for a facility should be a minimum of six persons, especially if doing presentations more than once a month. This of course may not be possible when first starting out. It does make it easier to handle situations like vacations or when a team member is not available. It is recommended that each team do only one presentation a month.

The purpose of this presentation is to:

- Inform patients or inmates about what A.A. BTG is and that it is available for them when they leave the facility.
- Inform patient or inmates on how to make a "Contact Request" (which would be different for patients vs. inmates). Patients are usually allowed to supply contact information needed for the Blue Cards; however, inmates may not be allowed to do this depending on the security requirements of the facility. Always be aware of the requirements and expectations of any facility that you work with.

## **Presentation Guidelines**

Bring the **Hope: Alcoholics Anonymous** or **It Sure Beats Sitting in a Cell** videotape and sufficient literature and newcomer packets for everyone in the room in the event each person wants to request a Contact. You need to arrange for video equipment to be available should you choose to show a video.

Appearance should be neat and clean (at times these are specifically determined by the facility, especially in the case of corrections). To those inside we are seen as representatives of Alcoholics Anonymous.

**Be early or on time.** It's easier to gather serenity in the parking lot or lobby for 15 minutes, than to undo the negative reaction of being late.

**Avoid drunk-a-logs.** The presentation is not an AA meeting. Other AA committees conduct A.A. meetings inside facilities.

**Be brief and to the point** without rushing through the presentation and omitting pertinent information. As guests we remember that we may be taking up some of the patients' or inmates' free time, or the facility therapy time.

Now you are ready to begin. How you start depends on what has been agreed to between the facility staff and the BTG

**Pages 11 to 12 contain the suggested presentation format:** The 8 1/2 X 11 original for making copies is available separately as part of the CNIA BTG Originals for Copying .

### **Points to Remember**

Keep calm control of the meeting. Excessive comments from patients or inmates may cause a person to be reluctant to request a contact, especially excessively negative comments during the Q&A period. Try to limit participation to questions only.

Be positive yet honest. Remind them that if anyone did not request a contact and they change their mind later, they can get in touch with us or talk to the staff.

Remembering page 89 of the Big Book may help:

*"Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics." (Reprinted with permission of AAWS)*

### **Suggested BTG Presentation Format**

#### **Suggested presentation text is below:**

Hello, my name is \_\_\_\_\_. I am an Alcoholic. I am here with \_\_\_\_\_(names of the AA members with you).

We are members of Bridging the Gap of Alcoholics Anonymous. Bridging the Gap provides a temporary contact person to help Alcoholics make the transition from the facility to AA on the outside.

Our experience has taught us that one of the most slippery places in sobriety is between the doors of the facility and the doors of Alcoholics Anonymous in the community.

We would like to explain a little about Alcoholics Anonymous and what BTG is all about. We're going to share some information about BTG for a few minutes, and at the end there will be time for questions.

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other, that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. We are self supporting through our own contributions.

AA is not allied with any sect, denomination, politics, organization or institution. Does not wish to engage in any controversy. Neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other Alcoholics to achieve sobriety.

We have brought along a short video, produced by the General Service Office of Alcoholics Anonymous. I have asked \_\_\_\_\_ to run the videotape for us.

### **Show video or DVD - "Hope: Alcoholics Anonymous" or "It Sure Beats Sitting in a Cell"**

Membership in AA is open to any person who has a desire to stop drinking. If you think you might have a problem with alcohol, you are welcome, regardless of any other problems or addictions you may have. If you are addicted to drugs and have no problem with alcohol, we suggest that you seek out a twelve-step program that deals with that specific problem.

Bridging the Gap is made up of AA members that help people make the transition from hospitals and institutions to AA in their home community. Many of us either did not know how to find AA when we first started out, or were too scared to go alone. When we finally got up the courage to go we were not able to reach out to a room full of strangers and ask for help. The sole purpose of BTG is to help you get acquainted with AA in your community.

#### **To inmates:**

If you would like a helping hand, we have a white information card for you, which explains briefly, what BTG is, what AA is NOT, and tells you how to request a BTG contact.

#### **To patients:**

If you would like a helping hand, we have a request card for you to complete.

The information you provide will be held in the strictest confidence. It will be used to find a temporary contact for you, and then the information will be destroyed. We try' to match requests with volunteers based on three criteria: zip code, sex, and age.

Your BTG contact will get in touch with you as soon as possible. Often this will be before you leave this facility. After you return home, they will introduce you to fellow members at an AA meeting in your home community. Their commitment to you is only short term. Sometimes longer-term sponsorship develops between the newcomer and their temporary contact. Your contact will be willing to answer any AA related questions you may have.

Now I will turn the meeting over to \_\_\_\_\_ who will share a little about what AA has meant to him/her.

Does anyone have any questions? If so we will be happy to answer them.

**Q & A period:** Allow time for questions from the participants

**To patients:** These are the request cards we have been talking about. We will spend a few moments if anyone wants to fill out a card.

**(Check that cards are filled out legibly and completely.)** We thank you all for your time. We would like to leave some BTG Cards with you so that you may contact us later if you wish. Thank you again.

**After the presentation, be sure to turn any Contact Requests into the Phone Coordinators promptly.**

## **12<sup>th</sup> Step Service**

Our Twelfth Step - carrying the message - is the basic service that the AA Fellowship gives; this is our principal aim and the main reason/or our existence. Therefore, A.A. is more than a set of principles; it is a society of alcoholics in action. We must carry the message, else we ourselves can wither and those who haven't been given the truth may die.

---- Bill W.

A.A.'s Legacy of Service (Reprinted with permission of AAWS)

Our actual 12th Step work must never be paid for, Experience has shown it is important that no funds are accepted for 12th Step work. In the spirit expressed in Bill W.'s words above, BTG is organized with the purpose of practicing the 12th Step and carrying the message of Alcoholics Anonymous to the alcoholic who still suffers by making the program of Alcoholics .Anonymous available to all those who desire its solution.

**I am responsible ....  
when anyone, anywhere reaches out for help,  
I want the hand of A.A. always to be there ...  
and for that I am responsible.**