

AL-ANON FAMILY GROUPS - AREA 9 FLORIDA NORTH

Panel 61 Area Public Outreach Project

District Worksheet

Date _____

Requesting District # _____ Contact Name/Email _____

Institution Name/Phone _____

Institution Mailing Address _____

Institution Type:

___ Correctional Facility & # of inmates _____

___ Government Facility or Program & # of employees/participants _____

___ Mental Health Facility & # of patients _____

___ Hospitals/Health Care Institutions & # of patients _____

___ Crisis Centers

Other, please specify _____

Requested Assistance

___ Area Public Outreach Coordinator to make initial contact (no contact person at the institution has been identified)

___ Area Public Outreach Coordinator to contact District volunteer working with institution

___ Books/Pamphlets/Welcome Packets to be shipped to institution

Other, please specify _____

Background information and status

Please use this section to provide any information that you feel is important to include: