

## **Miami-Dade Intergroup Consent to Serve**

**Position Desired:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**OA Start Date:** \_\_\_\_\_ **Abstinence Date:** \_\_\_\_\_

**1. Brief account of your OA story.**

**2. Summary of OA service.**

**3. Business, professional skills or other experience and skills related to this position**

**4. Why do you want this position?**