

Carry the AA Message into the Oregon State Hospital

You can participate by bringing an AA meeting inside once a month. ***The sobriety requirement is 6 months along with one year off probation.*** In order to go in there are clearance forms you must fill out. You will need to undergo a criminal background check, a TB test and have an orientation to attend at the hospital. To start that process complete and send in the clearance form request below.

Important! This is not an actual Clearance Form but rather a request for one!

We have teams of four AA Volunteers commit to each meeting. However, we make the roster of cleared volunteers available to all on the committee and substitutions can be made. Our goal is to never have less than 2 AA volunteers go in and we've agreed to never bring in more than 6 AA volunteers at a time. Before you actually commit to a meeting you can go in with another group and see if this service work is for you!

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This is intensely rewarding work! The Oregon State Hospital is transforming its procedures and protocols while rebuilding its campus, so meetings were put on hold for a long time. Now that they have established new procedures and rebuilt much of there campuses, they are eager for us to bring in more meetings!

Facilities we can take meetings into currently:

Oregon State Hospital 2600 Center Street NE Salem, Oregon	Halladay Park Hospital 1121 NE 2nd Portland, Oregon
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Still have QUESTIONS?

Contact the Oregon Area Hospitals Committee:

Suzanne B. (Chair) • 541-286-4540 (Corvallis)
email: hospital@aa-oregon.org

Keary D. (Co-Chair) • 503-910-8993
email: hospital-co@aa-oregon.org

Rhonda Z. (Asst. Chair) • 541-556-4613
email: hospital-asst@aa-oregon.org

Once the Oregon Area Hospitals Committee has received your request, your basic information will be forwarded onto the State Hospital and the actual clearance forms will be sent directly to you from the facility. They will arrive in a manila envelope usually within 1-2 weeks. Information contained in the forms is confidential and not shared with the committee.

Detach Below & Mail to: Oregon Area Hospitals Committee • C/O Chair: Suzanne B. • 1021 NW 31st St. • Corvallis, OR 97330

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Oregon State Hospital AA Volunteer Clearance Forms Request

Date: ____/____/____

Name: _____ Phone: (____) _____-

Address: _____ City: _____ Zip: _____

Email: _____ Sobriety Date: ____/____/____

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