

SPONSOR INFORMATION SHEET

Sponsor's First Name: _____

Contact Number: _____

Sobriety Date: _____

Sponsor's Home Group: _____

Client's Home Group: _____

Normal group attendance schedule:

Client Interview:

Sponsor's impression of client (what step client should be on, recommended meeting attendance schedule, extracurricular activities recommended, recommended readings, etc.)

I, _____, agree to serve as sponsor for _____.
I pledge to support the individual in the recovery process and to be available to the client as needed to maintain open communication and enhance the relationship between sponsor/client.