

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 individual in recovery
process and to be available to client as needed to maintain open communication and enhance
relationship between sponsor/client.