



Volunteer Agreement and Registration
(Please Complete, Sign, and Return to RSA)

RSA Ministries is a fellowship of men and women who share a common goal of achieving and maintaining sobriety through the grace and power of Jesus Christ. We have found that an important aspect of keeping our own sobriety is to serve others as they seek sobriety for themselves.

Statement of Faith: I affirm that I have accepted Jesus of Nazareth as my personal Lord and Savior and am actively pursuing my relationship with Him.

Statement of Sobriety: I affirm that I am sober for twelve (12) months or longer and that my sobriety is consistent with the RSA definition of sobriety (No sex with self or anyone other than the spouse).

Statement of Ethics: I agree to respect the privacy and anonymity of all RSA members or visitors, whether online or in person, and that I will not disclose in any fashion to any other person or entity, the fact or content of information I encounter during the course of my activities as a Volunteer, except for disclosures necessary for the purposes of mentoring or coordination with designated RSA representative, or as required or allowed by law under special circumstances.

I agree to work to the best of my abilities to assist my fellow travelers in recovery. I am not their leader, their boss, nor their therapist; I am simply their trusted servant.

I agree to never use the RSA membership in any way for my own personal benefit or gain. I also agree to never disclose, nor assist in the disclosure of any other member's or visitors' names, email addresses, IP addresses, User Names, Passwords, physical address or location, phone numbers of any kind, to any outside person, agency, or entity, except where required or allowed by law under special circumstances.

References: Please attach a list of two persons who have agreed to serve as personal references for you. We prefer that one of those be your priest/pastor/minister. If you do not currently have a pastoral person in your life, you may substitute someone else. But all references must be people who have a detailed knowledge of your recovery history and current recovery status. We will need their full names, mailing addresses, phone number, and email address.

By signing below I indicate my understanding of and agreement to the above items.

_____		_____	
Name (Please Print)		Date of Birth	
_____		_____	
Signature	Date	Phone	
_____		_____	
Address		Email	
_____		_____	
City,	State	Zip	