

St. Louis Intergroup Service Position Nomination Form

Position Applied for: _____

Nominee Name: _____

Address (will not be published): _____

Phone: _____ Email address: _____

Home Group: _____ Meeting Day and Time: _____

Length of time in OA: _____

Brief Account of OA Story:

History of OA Service:

Business, professional, volunteer or other experience or skills you can bring to this job?

Why do you want to do this Service?

Please send this completed form to chair@stlouisoa.org. Thank you for your willingness to serve!