



SERVICE RESUME FORM
For WSOB Director Candidate

Name:					
Address:					
City:		State:		Zip Code:	
Phone:			Best Time to Call:		
Email:					
Sobriety Date:					

Do you know what the duties and responsibilities of WSOB Director are? Please explain in your own words.

Why do you want to be a Director of the WSOB?



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For WSOB Director Candidate

Service (List Dates and Service Commitment):

Group Level:

From To Service Commitment
(Mo/Yr) - (Mo/Yr)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(List Dates as best as you remember them. If additional space is needed, attach additional sheets indicating which section)

Area/District Level:

From To Service Commitment
(Mo/Yr) - (Mo/Yr)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(List Dates as best as you remember them. If additional space is needed, attach additional sheets indicating which section)



SERVICE RESUME FORM
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World Service Level:

From To Service Commitment
(Mo/Yr) - (Mo/Yr)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(List Dates as best as you remember them. If additional space is needed, attach additional sheets indicating which section)