

Date: _____

Submitted by: _____

If we have questions, how can we reach you? _____
Please provide phone number or email address

ARCHIVES GROUP HISTORY FORM

(FORM REVISED 2005)

The purpose of this form is to assist your group in preserving and recording its history, as well as to appreciate its formative days and growth. Each group is a vital part of Al-Anon as a whole in reaching out to relatives and friends of alcoholics. It may be helpful to form a committee consisting of several members to gather information for completing this form and to speak to longtime members of the group. The Group Trusted Servant Profile form is also available to aid the group in documenting the experiences of those who have served the group. This form is only a guide: any additional information about the group can be compiled and added to the end of this questionnaire.

GROUP NAME: _____

MEETING ADDRESS: _____

MEETING DAY: _____ TIME: _____

GROUP ID#: _____ DISTRICT: _____ SECTOR: _____ AREA: _____

CURRENT MAILING ADDRESS: _____

CITY

ZIP CODE

FORMATION OF GROUP

DATE THE FIRST MEETING WAS HELD (Month, Day, Year) _____

WHEN DID GROUP REGISTER WITH WORLD SERVICE OFFICE _____

WHAT WAS THE GROUP'S NAME WHEN FORMED?

WAS IT THE FIRST GROUP IN YOUR AREA? _____

DID IT SPLIT FROM A GROUP THAT WAS TOO LARGE OR TO OFFER AN
ALTERNATE NIGHT OR DAY OR TIME _____

MEETING LOCATION

DID THE GROUP MEET IN A CHURCH, HOME, ETC. _____

HOW MANY TIMES HAS IT CHANGED LOCATION _____

LIST PLACES AND DATES HERE WHERE THE GROUP HAS MET:

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

List additional locations at end of form

MEETING TIME AND DAY

ORIGINAL MEETING DAY _____ TIME _____

LIST CHANGES OF DAY AND TIME

_____ TIME _____

_____ TIME _____

_____ TIME _____

_____ TIME _____

EARLY MEMBERS

DO YOU KNOW WHO STARTED THE GROUP? IF SO, LIST FIRST NAME(S) AND

LAST INITIAL(S) OF THE MEMBER(S):

HOW MANY MEMBERS WERE IN THE GROUP WHEN IT FIRST STARTED? _____

DO EARLY MEMBERS CONTINUE TO ATTEND? _____

GROUP COMPOSITION

WHEN THE GROUP STARTED WERE THE MEMBERS COMPRISED MOSTLY OF:

WIVES/HUSBANDS ____ ADULTS ____ CHILDREN ____ PARENTS ____ OTHER _____

DID MEN ATTEND EARLY MEETINGS? _____

DID MANY MEMBERS HAVE A RELATIVE OR A FRIEND RECOVERING

IN AA? _____ HAS THE ATTENDANCE GROWN OVER THE YEARS? _____

WHAT IS THE AVERAGE ATTENDANCE TODAY? _____

BUSINESS AND GROUP CONSCIENCE MEETINGS

DID THE GROUP HAVE CONSCIENCE/BUSINESS MEETINGS? _____

IF SO, HOW OFTEN _____ DOES THE GROUP FOLLOW THE SAME

PROCEDURE TODAY? _____

MEETING FORMAT AND TOPICS

WHAT WAS THE GROUP'S MEETING FORMAT? (E.G. TOPIC/DISCUSSION,
SPEAKER, STEP STUDY, ETC.) _____

HAS THE MEETING FORMAT CHANGED OVER THE YEARS? _____ IF YES,

DESCRIBE _____

IS THERE A BEGINNERS MEETING HELD BEFORE, DURING OR AFTER? _____

IF SO, INDICATE WHEN _____

GROUP TRUSTED SERVANTS

LIST ORIGINAL TRUSTED SERVANTS (FIRST NAME AND LAST INITIAL) AND DATES OF SERVICE FOR EACH:

GROUP REPRESENTATIVE _____ DATE _____

ALTERNATE GROUP REP _____ DATE _____

SECRETARY _____ DATE _____

TREASURER _____ DATE _____

INFORMATION SERVICE/INTERGROUP _____ DATE _____

GROWTH AND CHANGES

DESCRIBE ANY SIGNIFICANT CHANGES IN THE GROUP AND ITS MEETING SINCE THE GROUP STARTED:

HOW DID THE GROUP ATTRACT NEW MEMBERS?

HOW DID THE GROUP WELCOME NEWCOMERS?

HOW DID THIS CHANGE OVER THE YEARS?

GROUP PARTICIPATION IN SERVICE STRUCTURE

HAS A GROUP REPRESENTATIVE ATTENDED DISTRICT MEETINGS AND ASSEMBLIES? _____ IS THIS TRUE TODAY? _____ GIVE THE FIRST NAME AND LAST INITIAL OF MEMBERS WHO HAVE SERVED AT THE AREA (STATE) LEVEL, WSO:

ALATEEN

HAS THE GROUP SPONSORED AN ALATEEN GROUP? _____
DOES THE GROUP SPONSOR AN ALATEEN GROUP TODAY? _____
HAVE MANY ALATEENS COME INTO THE GROUP AS MEMBERS? _____

ALCOHOLICS ANONYMOUS (AA)

WAS OR IS THERE AN AA GROUP MEETING HELD AT THE SAME PLACE AND TIME? _____

TWELVE TRADITIONS

HOW HAS AL-ANON'S TRADITIONS HELP THE GROUP?

SEVENTH TRADITION

DOES THE GROUP FINANCIALLY SUPPORT THE:

DISTRICT _____ AREA _____ WSO _____ AIS/INTERGROUP _____

GROUP ANNIVERSARIES

DOES THE GROUP CELEBRATE ITS ANNIVERSARY? _____

IF SO, HOW? _____

DOES IT CELEBRATE INDIVIDUAL ANNIVERSARIES? _____

IF SO, HOW? _____

THE GROUP WITHIN THE COMMUNITY

HOW WAS THE GROUP RECEIVED BY THE COMMUNITY?

HOW HAS THE GROUP LET THE COMMUNITY KNOW ITS MEETING
INFORMATION?

DID YOUR GROUP RECEIVE THE COOPERATION OF LOCAL COMMUNITY AGENCIES
OR PROFESSIONALS SUCH AS MINISTERS OR DOCTORS? _____

IF SO, WHICH ONES? _____

OTHER INFORMATION ABOUT THE GROUP:

A complete copy of this form should be retained by the group for its own use.
Copies can also be sent to the district or information service/intergroup archives committees.

AI SDV
C/O ARCHIVES COORDINATOR
4021 WALNUT STREET
PHILADELPHIA, PA 19104

OR

You may email a copy of this form to:
archives@aisdv.org

Additional Comments: