Area 16 Treatment Facilities Committee made up of Alcoholics Anonymous members across the state that are dedicated to carrying the AA message to people who are seeking sobriety but are unable to participate at the community level. Specifically, Bridge the Gap provides a way for recovering alcoholics to make contacts with AA members in the area in which they will be living after their release.

We believe that the most important time in an alcoholic’s recovery is the first 24 to 48 hours after his or her release. Some of us who have been in this position can share that although we had participated in Alcoholics Anonymous while in a treatment facility, we didn’t attend meetings after our release. We were simply too nervous, frightened or jittery to walk into a strange AA meeting. Bridge the Gap hopes to help alcoholics cross this hurdle by giving them a “friendly ear” on the outside who will make them feel at home in their AA community.

Neither Alcoholics Anonymous nor Bridge the Gap provides housing, food, clothing, job, money or other welfare or social services. We do, however, help to guide newcomers to find these things for themselves.

We strongly believe that alcoholics in treatment facilities need never return if they learn to live sober lives. We believe that Bridge the Gap can play an important part in achieving this goal. We look forward to helping them enter the mainstream of AA and their communities.

Respectfully Yours,

Area 16 Treatment Facilities Committee       Email: treatment@ageorgia.org

HOW BRIDGE THE GAP WORKS
1. Treatment AA member requests a Bridge the Gap application.
2. The Treatment alcoholic mails application to Bridge the Gap.
3. Mail is picked up at the P.O. Box by the Bridge the Gap coordinator.
4. The Bridge the Gap chairperson sorts the application and then forwards it to the volunteer in the area where the alcoholic AA member expects to be released.
5. The selected volunteer is responsible for contacting the alcoholic AA member. It is suggested that you use a P.O. Box, or a work address for contact. The volunteer information is strictly confidential. It is never released to the alcoholic by anyone except the volunteer.

Respectfully Yours,

Area 16 Bridge the Gap       Email: treatment@ageorgia.org

VOLUNTEER INFORMATION

First and Last Name______________________________________________ (male or female)

Mailing address_______________________________________________________

City, County, State____________________________________________________

Zip Code__________________ Telephone number (_______)_____________________

Sobriety Date__________________________ District____________________________