

This is a pledge between two OA members to support and to be accountable to one another. If you think this agreement could be helpful for you, fill out your name and other information as the "I" on one side of the form and have another OA member complete the other half. Cut the forms apart and exchange sides. Place the agreement in a prominent spot to remind you of your commitment to recovery and to service.

RECOVERY INSURANCE POLICY

I, _____ on this day do hereby give _____ (a recovering OA member) permission to take me to a meeting if she/he does not receive a phone call from me within ___ days of our last conversation; or if she/he does not see me at an OA meeting within the last ___ weeks. She/he has the right to use all means of communication to contact me, including contacting _____ (a friend/relative) for assistance. This agreement may only be terminated after we have had contact and mutually agree to end this agreement.

Signed: _____ Date: _____

My address: _____

My phone numbers: _____

My email: _____

Friend/relative's phone no.: _____

*Always to extend the hand and heart
of OA to all who share my compulsion;
for this I am responsible.*

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