

Date: _____



WNIRNA PISC



AREA HELPLINE INFORMATIONAL/DATA REPORT FORM

HELPLINE AREA: _____
HELPLINE PHONE #: _____
NAME & POSITION: _____

AREA HELPLINE OFFICERS: *Do you have a?:*
Chair: Yes ___ No ___ Vice Chair: Yes ___ No ___ Rec. Sec.: Yes ___ No ___
NUMBER OF ACTIVE SUBCOMMITTEE MEMBERS: _____

MEETING TIME & LOCATION: _____

TYPE OF HELPLINE SERVICE? (*paggers, cell phone, answering service, etc.*):

WHAT IS YOUR MONTHLY BUDGET? _____

CURRENT PROJECTS AND/OR ACTIVITIES (*use back if necessary*):

PROBLEMS AND/OR SITUATIONS: _____

HOW CAN REGIONAL HELPLINE SUPPORT YOUR AREA? _____

Does your area hold a regularly scheduled orientation? Yes ___ No ___

Does your area Helpline work with other areas? Yes ___ No ___

Does your area have Helpline guidelines? Yes ___ No ___