

Al-Anon Member Involved In Alateen Service

*It is required that this form be completed by **all** Al-Anon members involved in service to Alateen.
(Please Print)*

First & Last Name:

Street Address:

City, State/Province:

Zip/Postal Code

Phone:

e-mail:

District

I am in compliance with my area's safety and behavioral requirements and agree to abide by them.

Signature Date

To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.

Authorized Area Signature Area # Date
Please Print Name Below:

Each area must certify to the WSO annually that each Al-Anon member involved in Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.

WSO Assigned ID Number:

For Area Use:

<p>I. Candidate Criteria—please initial where indicated:</p> <ol style="list-style-type: none"> 1. I am at least 21 years old. 2. I have been active in my <i>Al-Anon</i> program for at least 2 years (does not include time in Alateen). 3. I attend at least one Al-Anon meeting a week. 4. I have not been convicted of a felony. 5. I have not been charged with child abuse. 6. I have not been charged with inappropriate sexual behavior. 7. I am not demonstrating emotional problems that could result in harm to Alateen members. <p>I meet criteria 1-7 above: _____</p>	<p>II. Concerning Alateen Groups—please initial where indicated:</p> <p>I understand that:</p> <ol style="list-style-type: none"> 1. There must be one certified Alateen group sponsor at every Alateen meeting; less than that is not ideal and could create an unhealthy environment for the teens and/or the sponsor. 2. If I or my co-sponsor(s) are not available I/we are responsible for finding or asking for help in finding a certified substitute. 3. If I find myself without a certified co-sponsor or substitute for a period of three or more weeks, I must notify the District Alateen Safety Coordinator. <p>I agree to abide by above expectations: _____</p>
<p>III. Sexual Misconduct—Please initial where indicated:</p> <p>Overt and covert sexual behavior is defined as: any sexual advances whatsoever, permitting sexual advances, unwanted physical affection, lewd behavior from Alateen members (dirty jokes, inappropriate discussion of sexual behavior and inappropriate / provocative dress).</p> <ol style="list-style-type: none"> 1. If I feel threatened or am approached in a sexual way by an Alateen member I will discuss the issue with him/her and another Al-Anon member present whom the Alateen trusts. If the issue is not resolved to my satisfaction I will seek the support of my Alateen Group co-sponsor, my personal sponsor, the District/ Area Alateen Safety Coordinator, and my District Representative. 2. Inappropriate sexual behavior is hazardous not only to the teen, but to the Alateen meeting, to myself, and to the worldwide fellowship of Al-Anon and Alateen as a whole. 3. I will not engage in overt or covert sexual behavior with Alateen members. <p>I agree to abide by above expectations: _____</p>	<p>VI. Agreements—Please initial where indicated:</p> <p>I agree to:</p> <ol style="list-style-type: none"> 1. Conduct myself in accordance with all applicable laws (city, state, federal). 2. Participate in the yearly recertification process for AMIAS in WA Area. 3. Use applicable travel, permission, and medical forms. 4. Consider the safety of the teens to be paramount in all situations. 5. Resign my AMIAS position(s) if asked at any time for any reason, knowing that resignation is not an admission of wrongdoing. 6. Take AMIAS training every two years and participate in additional education, group sponsor inventories, and group sponsor meetings as available in order to continue being an AMIAS. <p>I will adhere to above agreements: _____</p>

The above information (sections I-IV) is confidential and will be used and distributed only in accordance with applicable law!

Attestation

I, _____ declare under penalty of perjury under the laws of the
(print name)
State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____

City, State: _____

Permission to perform background check:

I agree to allow WA Area AFG Inc. and its authorized administrators to conduct a background investigation on me, which may include a review of sex offender registries, child abuse and criminal history records. I agree to hold harmless from liability, the Alateen Group, WA Area AFG, Inc., AFG Headquarters, Inc., their officers, employees and volunteers of these organizations. I understand these organizations and employees are not under any obligations to appoint me.

Signature: _____ Date: _____

Nomination Information (Required for all AMIAS at initial and re-certifications)

This section is to be filled in by the nominator. A nominator is an Al-Anon member from the nominee's district who has knowledge of the candidate's program and believes the candidate would be an asset to Alateen service. Examples of possible nominators are a district representative, group representative, personal sponsor, or another Alateen group sponsor.

I can verify that _____ meets the requirements for certification as an Al-Anon Member Involved in Alateen Service and nominate him/her as a candidate for Alateen service.

Nominator Signature: _____ Date: _____

Nominator name (please print): _____

Nominator's Relationship to Candidate: _____ Phone #: _____