

Al-Anon/Alateen Area 56 (Vermont)

Al-Anon member involved in Alateen service Re-certification Form

Name _____ WSO ID# _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Alateen Group _____

Sponsoring Al-Anon Home Group _____

Location _____

I have met and continue to meet the area's safety and behavioral requirements that are effective as of (date of latest edition)_____.

Signature: _____ **Date:** _____

Alateen Process Coordinator Signature: _____ **Date:** _____

Area Chairperson Signature: _____ **Date:** _____