

Al-Anon Member Involved in Alateen Service - Application

Name of Applicant _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone _____ Length of residence _____

Previous Street Address _____

City _____ State _____ Zip _____ Length of residence _____

Sponsoring Home Group _____ Years attended _____

Location _____

Past Home Group(s) _____ Years attended _____

Location _____

1. I am at least 24 years old.
2. I have been actively attending an Al-Anon home group meeting for a minimum of two years (in addition to any time I may have had in Alateen).
3. I certify that I have never been convicted of a felony, and have not been charged with child abuse or any other inappropriate sexual behavior, and have not demonstrated emotional problems which could result in harm to Alateen members.
4. In the event I am selected as an Al-Anon Member Involved in Alateen Service, I realize I am required to abide by AMIAS Requirements and Behavior Guidelines (ALT A AMIAS Guidelines, ALT B Behavior Guidelines) of Al-Anon/Alateen Area 56.
5. I understand that as an Al-Anon Member Involved in Alateen Service, my primary goal is to help the Alateen members follow the Al-Anon program. Should anything interfere with this objective, i.e. accusations, controversy, threats of personal harm, etc., I will discontinue serving in this position. Even if I feel totally blameless, I understand my removal from the situation will protect the Alateen members and preserve the unity of the fellowship as well. I understand that stepping away from sponsoring an Alateen group is not an admission of wrongdoing of any kind. I further agree to perform my sponsoring responsibility within my district and area requirements for Al-Anon Member Involved in Alateen Service.*
6. I have completed the Vermont Crime Information Center (VCIC) background check and have submitted the results to the Area Alateen Coordinator.

* Adapted from Alateen Service Tools

To the best of my knowledge, the information provided here is correct.

Signature _____ Date _____

Member of AMIAS Applicant's Home Group

Dated this _____ day of _____, 2_____.

Signature _____
AMIAS Applicant

State of _____ County of _____,SS

Before Me, the undersigned authority, on this day, personally appeared _____
known by me to be the person who signed the above Authorization, and acknowledges to me that (s)he
executed the same for the purpose therein stated.

Witness my hand and seal this _____ day of _____, 2_____.

NOTARY PUBLIC, STATE OF _____

My Commission expires: _____