

*Al-Anon Member Involved in Alateen Service - Re-certification Form*

Name \_\_\_\_\_ WSO ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Alateen Group (if applicable) \_\_\_\_\_

Al-Anon Home Group (of Al-Anon member not Alateen group)

\_\_\_\_\_

Location \_\_\_\_\_

Signature, Member of Home group: \_\_\_\_\_

Date: \_\_\_\_\_

Alateen Process Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

District Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I have met and continue to meet the Area 56 safety and behavioral requirements (ALT B Behavior Guidelines) that are effective as of (date of latest edition)\_\_\_\_\_**

**I have attended two required AMIAS workshops between June 1<sup>st</sup> and May 31<sup>st</sup> .**

**Workshop 1 Date and Location \_\_\_\_\_**

**Workshop 2 Date and Location \_\_\_\_\_**

**I have completed a VCIC self background check and submitted it to the Area Alateen Coordinator. Date: \_\_\_\_\_**

**AMIAS Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

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: \_\_\_\_\_