

Al-Anon Member Involved In Alateen Service (AMIAS)

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

First & Last Name:

Street Address (no PO box):

City, State/Province:

Zip and Phone:

e-mail:

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.

District Representative Signature District # Date

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:

The AMIAS applicant must complete this section. Notify your District Representative if ANY of your contact info, above or below, changes. Area 42 must recertify annually and must be able to contact you.

Primary Alateen group worked with _____

Location _____
City District #

Alateen group WSO ID number _____

Home Al-Anon group _____

Al-Anon group WSO ID number _____

Area 42/North Carolina Alateen Safety and Behavioral Requirements

The following requirements apply to Alateen and Al-Anon members involved in Alateen service.

1. Every Al-Anon member involved with Alateen service must:
 - a. be an Al-Anon member regularly attending Al-Anon meetings (an average of 4 meetings per month).
 - b. be at least 21 years old.
 - c. have at least two years in Al-Anon in addition to any time spent in Alateen.
 - d. not have been convicted of a felony, and not have been charged with child abuse or any other inappropriate sexual behavior, and not have demonstrated emotional problems which could result in harm to Alateen members.
2. There must be at least one Alateen sponsor at every Alateen meeting.
3. Any covert or overt sexual interaction between any adult and any Alateen member is prohibited.
4. Conduct contrary to applicable laws is prohibited.
5. The Area 42 Alateen Medical Information and Travel Authorization Form is required whenever an Alateen member is transported to an Alateen meeting or an Al-Anon/Alateen function.

The Area 42/North Carolina Alateen Safety and Behavioral Requirements were reviewed by legal counsel in October of 2004.

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(Applicant's Name)

(Applicant's Signature) (Date)

State of North Carolina County of _____.

_____ personally appeared before me, and being first
duly sworn declared that he/she signed this application in the capacity designated, if any, and
further states that he/she has read the above application and the statements herein contained
are true.

Notary Public's Signature

(SEAL)