

Bermuda 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, in addition to the WSO AMIAS form.*

(Please print in BLACK ink)

First & Last Name: _____

Street Address (no PO box): _____

City/Province _____ BERMUDA (Postal Code) _____

Primary Alateen group worked with _____

Location _____ District 10 Bermuda

Alateen group WSO ID number _____

Home Al-Anon group _____

Al-Anon group WSO ID number _____

Safety and Behavioral Requirements verification:

To be an Alateen sponsor in Bermuda, I understand that I must meet all of the following criteria:

(Please initial next to each criterion that you meet.)

____ **I am an Al-Anon member regularly attending Al-Anon meetings (an average of 4 meetings per month)**

____ **I am at least 21 years old.**

____ **I have been actively attending Al-Anon meetings for a minimum of 2 years in addition to any time spent in Alateen.**

____ **I have not been convicted of any indictable offence, charged with child abuse or any other inappropriate sexual behavior, and not have demonstrated emotional problems which could result in harm to Alateen members**

____ **I completed the required Area training on _____ (last date of training)**

(This will be verified by the North Carolina/Bermuda Area Alateen Process Person using The National Sex Offenders database.)

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 Safety & Behavioral Requirements:

District 10 Bermuda

District Representative Signature

Date

Authorized Area Signature (please print name below)

NC/Bermuda

Area #

Date

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: _____