

Bermuda Alateen Sponsor Application

Sponsor Information

Name _____

Address _____

Telephone Number _____

Group Information

Al-Anon Home Group Name: _____

WSO ID# _____ District #10 _____

Home Group Location _____ (City) _____ (Parish) _____

E-mail address _____

Are you ____ sponsoring an existing group or ____ starting a new group?

Name of Alateen group: _____ WSO ID # _____

Meeting location _____ (city) _____ (Parish) _____

Alateen group conscience vote accepting _____ as Alateen sponsor on _____ (Date)

The Alateen group reserves the right to deny a sponsor applicant or to ask a sponsor to step down according to the group conscience vote of the group.

Safety and Behavioral Requirements verification:

In order 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 at least 21 years old.**
- I have been actively attending Al-Anon meetings (an average of 4 meetings per month) for a minimum of 2 years in addition to any time spent in Alateen.**
- I have not been convicted of an indictable offence, charged with and/or convicted of child abuse or inappropriate sexual behavior.**
- I have read the complete list of Bermuda Alateen Safety and Behavioral Requirements and agree to comply with them.**
- I agree to obtain a Certificate of Good Behavior from the Bermuda Police, including information concerning any spent convictions, if I receive such a request from the Area Alateen Coordinator.**

Applicant's Name (printed) _____

Applicant's Signature _____ Date: _____

(Below is for use of District Representative and AAPP)

This sponsor applicant: _____ meets the Bermuda Safety & Behavioral Requirements
_____ does not meet the Bermuda Safety & Behavioral Requirements
Explain: _____

Signature of District Representative _____ Date: _____

Signature of North Carolina/Bermuda AFG AAPP _____ Date: _____