

# North Carolina Alateen Sponsor Application

## Sponsor Information

Name: \_\_\_\_\_ Al-Anon Home Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ WSO ID#: \_\_\_\_\_ District \_\_\_\_\_  
\_\_\_\_\_ Home Group Location: \_\_\_\_\_ (city) \_\_\_\_\_ (state)  
Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## Group Information

Are you  sponsoring an existing group or  starting a new group?  
Name of Alateen group: \_\_\_\_\_ WSO ID # \_\_\_\_\_  
Meeting location: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (district)  
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:

**To be an Alateen sponsor in North Carolina, 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 that I spent in Alateen.
- \_\_\_\_ I have not been convicted of a felony
- \_\_\_\_ I have not been charged with and/or convicted of child abuse or inappropriate sexual behavior.  
(This will be verified by the North Carolina Area Alateen Process Person using The National Sex Offenders database.)
- \_\_\_\_ I have read the complete list of North Carolina Alateen Safety and Behavioral Requirements and agree to comply.

(Applicant's Name-printed): \_\_\_\_\_

(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.

\_\_\_\_\_  
(SEAL)

**Notary Public's Signature**

(Below is for use of District Representative and AAPP)

This sponsor applicant: \_\_\_\_\_ meets the North Carolina Safety and Behavioral Requirements  
\_\_\_\_\_ does **not** meet the North Carolina Safety & Behavioral Requirements  
Explain: \_\_\_\_\_

Signature District Representative \_\_\_\_\_ (Date): \_\_\_\_\_

Signature of AAPP \_\_\_\_\_ (Date): \_\_\_\_\_

Approved at Fall Assembly—November 6, 2004  
Revised form approved 11/06/10