

Washington Area "Al-Anon Member Involved in Alateen Service" Form

Full Name: _____

Phone Number: _____ E-mail: _____

Address/City/State/Zip: _____

Home Group: _____ District #: ____ DOB: _____

(Please check the box if you are willing to have your information shared with or serve in other districts.)

Alateen Service Work Description: _____

(Examples: Alateen Group Name and Number; WAAC Counterpart; District Coordinator; Chaperone to Event)

<u>Candidate Criteria</u>	<u>Initial</u>
1. I am at least 21 years old.	_____
2. I have been active in my Al-Anon program (in addition to any time spent in Alateen) for at least 2 years.	_____
3. I attend at least one Al-Anon meeting a week.	_____
4. I understand there must be one certified Alateen group sponsor at every Alateen meeting. I understand having less than two certified group sponsors at an Alateen Group Meeting is not ideal and over a period of time could create an unhealthy environment for the teens and/or the sponsor.	_____
5. I understand that if I or my co-sponsor(s) are not available for our scheduled week we are responsible for finding or for asking for help from the District Alateen Safety Coordinator in finding a certified substitute.	_____
6. I understand if I find myself without a certified co-sponsor or substitute for a period of three or more weeks, I must notify the District Alateen Safety Coordinator.	_____
7. I will not engage in overt or covert sexual behavior with Alateen members.	_____
8. I understand that overt and covert sexual behavior is defined as: any sexual advances whatsoever, permitting sexual advances from Alateen members, unwanted physical affection, lewd behavior (dirty jokes, inappropriate discussion of sexual behavior and inappropriate dress).	_____
9. I understand that if I feel threatened or approached in a sexual way by an Alateen member I will discuss the issue with the Alateen, with another Al-Anon member present whom the Alateen trusts. If the issue isn't resolved to my satisfaction I will seek the support of my Alateen Group cosponsor, my personal sponsor, the district and area Alateen coordinator and my district representative.	_____
10. I understand that sexually inappropriate behavior is hazardous to not only the teen, but the Alateen meeting, myself and to the worldwide fellowship of Al-Anon and Alateen as a whole.	_____
11. I have not been convicted of a felony.	_____
12. I have not been charged with child abuse.	_____
13. I have not been charged with inappropriate sexual behavior.	_____
14. I am not demonstrating emotional problems that could result in harm to Alateen members.	_____

Signature: _____

Date: _____

Print Name: _____

Washington Area "Al-Anon Member Involved in Alateen Service" Form

Full Name: _____

- 15. I agree not to conduct myself in a manner contrary to applicable laws. _____
- 16. I agree to participate in the yearly recertification process for "Al-Anon Members Involved in Alateen Service" in WA Area. _____
- 17. I agree to use applicable travel, permission and medical forms. _____
- 18. If asked to resign the position(s) of "Alateen Group Sponsor" or "Al-Anon Member Involved in Alateen Service" for any reason, I will consider the safety of the teens to be paramount and resign. Resignation is not an admission of any wrongdoing. _____
- 19. I have read, understand, and agree that I meet items 1 through 17 above. I agree to step down at any time if I cannot meet these criteria. _____

The following is required for Alateen Group Sponsors or Sponsor Substitutes:

- 1. I agree to allow WA Area AFG Inc. and its authorized administrators to conduct a background investigation on me, which may include a review of sex offender registries, child abuse and criminal history records. I agree to hold harmless from liability, the Alateen Group, WA Area AFG, Inc., AFG Headquarters, Inc., their officers, employees and volunteers of these organizations. I understand these organizations and employees are not under any obligations to appoint me. _____
- 2. I agree to complete the Area requirements for Alateen Group Sponsor Training. I am willing to participate in additional education, group sponsor inventories and group sponsor support meetings as available or needed. _____

Candidate's Signature

I, _____ declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 200__ in the city of _____ in the State of Washington.

Signed _____

Print name _____

Nomination Information (Required for all AMIAS at initial and re-certifications)

(This section is to be filled in by the nominator. A nominator is an Al-Anon/Alateen member who has knowledge of the candidate's program and believes the candidate would be an asset to Alateen service. Examples of possible nominators are a district representative, group representative, personal sponsor, or another Alateen group sponsor.)

I have reviewed the requirements for Alateen service and nominate _____ as a candidate for Alateen service.

Nominator's Relationship to Candidate: _____ Phone #: _____

Nominator's Printed Name: _____

Nominator Signature: _____