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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To be an AFG Area 9, Florida North, Al-Anon Member Involved in Alateen Service (AMIAS)  return this fully completed form to our Area Alateen Process Person (AAPP) at [aapp@afgarea9.org](mailto:aapp@afgarea9.org) or AAPP CMA address  The AAPP will 1. Contact you regarding a Background Check, 2. Register this with WSO, then 3. Notify you of your WSO# and status | | | | | | | | | | | | |
| I have read our current Alateen Safety and Behavioral Requirements as posted on our Area website | | | | | | | | | | | | |
| I am at least 23 years of age (WSO requires 21, Area 9 requires 23) | | | | | | | | | | | | |
| I have been an active member of Al-Anon for at least the last 3 years (WSO requires 2, Area 9 requires 3) | | | | | | | | | | | | |
| I regularly attend at least one Al-Anon meeting each week in addition to any Alateen meeting | | | | | | | | | | | | |
| I do not have emotional problems which could result in harm to Alateen members | | | | | | | | | | | | |
| I have never been convicted of a felony | | | | | | | | | | | | |
| I have never been charged with child abuse or inappropriate sexual behavior | | | | | | | | | | | | |
| I do not have any of the Disqualifying Criminal Offenses as posted on our Area website | | | | | | | | | | | | |
| I agree to get a Background Check per the Area 9 Requirements as posted on our Area website | | | | | | | | | | | | |
| I attended an annual AMIAS Orientation presented by an Area 9 recognized trainer | | | | | | | | | | | | |
| I will notify my District and the AAPP of any change in my qualifications and/or contact information | | | | | | | | | | | | |
| I understand that my name and contact information may be shared with those interested in Alateen | | | | | | | | | | | | |
| *IF* I am an Alateen Group Sponsor, I will send a GR-3 Group Records Change Form to the AAPP as needed | | | | | | | | | | | | |
| **I certify that the above statements are true and I agree to abide by Area 9’s Safety and Behavioral Requirements** | | | | | | | | | | | | |
| **Al-Anon** **Signature:** | | | |  | | | | | Date: | |  | |
| PRINT First and Last Name: | | | | |  | | | | | | | |
| Home Address: City, ST, Zip: | | | | |  | | | | | | | |
| Email: |  | | | | | | | | | | | |
| District: | | |  | | | Preferred Phone: |  | | | | | Home Cell |
| Pick ONE: | | Brand New Area 9 AMIAS Renew Current Renew Expired | | | | | | WSO# *If known* | |  | | |

***Optional*** *group level verification:* To the best of my knowledge, the above Al-Anon member meets these Requirements

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| Group Member Signature: | |  | Date: |  |
| PRINT Name & Group Name: |  | | | |

To the best of my knowledge, the above Al-Anon member meets these Requirements

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| --- | --- | --- | --- | --- |
| Authorized District Signature:  Per Requirements- the DR or “an appointed district trusted servant” | |  | Date: |  |
| PRINT Name & District Position |  | | | |

The above Al-Anon member attended a full Orientation

|  |  |  |  |
| --- | --- | --- | --- |
| Area 9 Trainer Signature: |  | Orientation Date: |  |
| PRINT Name & District: |  | | |

To the best of my knowledge, the above Al-Anon member meets these Requirements

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| --- | --- | --- | --- |
| Area 9 AAPP Signature: |  | Date: |  |
| PRINT Name: |  | | |