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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 or AAPP CMA addressThe 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

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| 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: |  |