AFG Area 9 AMIAS Certification Form

Panel 64 – 2024

I certify that the following are all true.

- 1. I am an Al-Anon member who regularly attends Al-Anon meetings.
- 2. I am at least 21 years of age.
- 3. I am a current member of at least two (2) years in Al-Anon in addition to any time as an active member of Alateen.
- 4. I have not been convicted of a felony, have not have been charged with child abuse or any other inappropriate sexual behavior, and have not have demonstrated emotional problems, which could result in harm to Alateen members

I certify that:

- I have read our current Alateen Safety and Behavioral Requirements posted on our Area Website.
- I have access to the Internet, and I am familiar with the Alateen Service eManual.
- I have attended an online FRESH (Forms, Resources, Experience, Strength and Hope) session on
- I understand that Alateen is a part of Al-Anon, and that all Alateen members are welcome at Al-Anon meetings.
- I have sent the VECHS Waiver form to the AAPP; and have followed all instructions regarding fingerprints and Background Checks.
- My legal name and current contact information is listed below. I know that it is my responsibility to inform the AAPP of any changes to this information.
- I will follow all Area guidelines, policies and procedures regarding Alateen. I agree to work within the service structure of the Area to ensure the safety of all Al-Anon and Alateen members.
- I understand that my District Representative is a vital part of the links of service and I will cooperate with my District to comply with all Area requirements.

Signature		Date
PRINT First	t and Last Name	
PRINT Hon	ne Address, City, State and Zip	
Email (plea	ase print clearly)	
		Is texting ok?
Phone (ho	me or cell)	
District	Name of Home Group	Name of District Rep
I will be servi Other	ing as: Alateen Group Sponsor Sub/Temp) Group Sponsor Driver Chaperone