

**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 have 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, Refreshments, 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 and Last Name**

\_\_\_\_\_  
**PRINT Home Address, City, State and Zip**

\_\_\_\_\_  
**Email (please print clearly)**

\_\_\_\_\_ **Is texting ok?** \_\_\_\_\_  
**Phone (home or cell)**

\_\_\_\_\_ **District**      \_\_\_\_\_ **Name of Home Group**      \_\_\_\_\_ **Name of District Rep**