

Northern California World Service Area
AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE
Candidate Profile, Recertifying Only

Please print legibly. Return this completed form to the District Alateen Process Person or District Representative and keep a copy for yourself. This information is confidential and will be used and distributed only in accordance with applicable law.

Full Name:	Cell Phone:	Home Phone:
Full Address (Physical)	Full Address: (Mailing)	Email:
Driver's License No:	Al-Anon Home Group	City/District:
State/Exp Date:		
WSO ID#:	Alateen Group: (If Applicable)	City/District:

Recertification of Al-Anon Members Involved in Alateen Service (AMIAS) is required annually with a deadline set by the Area Alateen Process Person (AAPP). Answers to these questions are required to assure that you continue to be an Al-Anon member who meets the World Service Office (WSO), Northern California World Service Area (NCWSA) and State requirements for working with teens. Please check a Yes or No for each statement. Sign and date the form below.

STATEMENT:

YES: NO:

I regularly attend Al-Anon meetings (one meeting per week)		
I agree not to have overt or covert sexual interaction (whether consensual or not) with an Alateen member, including but not limited to inappropriate: 1) touching of teen; 2) dating a teen who is an Alateen member; 3) holding or hugging; 4) communication in person, by phone or electronically.		
I agree not to conduct myself in a manner contrary to applicable law.		
I agree that the Alateen District Process Person and/or other persons designated by NCWSA may independently verify the information that I present on this AMIAS Candidate Profile		
I agree: 1) not to transport teens under the age of 18 to or from an Alateen or Al-Anon function unless the teen has a NCWSA Travel, Treatment and Participation Authorization form (A22.7) signed by a parent or guardian; 2) to have appropriate automobile insurance.		
If asked to resign my position as a Group Sponsor or as an AMIAS for any reason, I will consider the safety of the teens to be very important and will resign.		

I HAVE READ, UNDERSTAND, AND AGREE THAT THE STATEMENTS CHECKED ABOVE ARE CORRECT. I AGREE TO PROMPTLY NOTIFY THE DISTRICT ALATEEN PROCESS PERSON IF ANY OF THESE STATEMENTS CHANGE.

I agree to hold harmless from liability the Alateen Group, Northern California World Service Area, Al-Anon Family Group, Inc., district officers, employees, and volunteers of these organizations. I understand that these organizations and persons are not under any obligation to renew my certification as an Al-Anon Member Involved in Alateen Service.

Signed

Date

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TO BE COMPLETED BY THE DISTRICT PROCESS PERSON FOR
RENEWAL OF AMIAS.

Instructions: Please check a YES or NO for each statement that has been verified by the local process person. Make comments if applicable.

TYPE OF VERIFICATION:

YES: NO:

Al-Anon Group Status		
*Driver's License Information		
Form A22.2 has been provided if needed for name or address changes		
Annual B-17 and on-going training has been provided		

As the local process person, I certify that this person has met the Requirement for Alateen Member Safety and has agreed to abide by them. This AMIAS may be submitted to WSO for recertification.

Signature

Date

Print Name

Telephone Number

Title

District Number

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*You MUST redact (black-out) the driver's license number if transmitting by e-mail