Full Legal Name:	Informal Name:
Home Phone (Landline):	Business Phone (optional):
Cell Phone:	Email Address:
Address/City/State/Zip	<u>.</u>
Date of Birth:	Home Al-Anon Group:
Home Al-Anon Group's WSO #	Home Al-Anon District:
An Alcoholic Anonymous (AA) member who is NOT an Al-Anon member may NOT serve as an AMIAS, which includes Alateen Group Sponsor.	
1. I am at least 21 years old (Initial)	
2. I have at least two years in Al-Anon (Initia	al)
Date entered current continuous Al-Anon membersh	
3. I attend at least 3 Al-Anon meetings per month.	(Initial)
4. I agree not to have overt or covert sexual interaction (whether consensual or not) with any Alateen member, including but not limited to: (Initial each)	
Touching a teen inappropriately	
• Dating a teen who is an Alateen member	
Holding or hugging in an inappropriate manner	
5. I have not been convicted of a felony (Initiation of the second secon	
<ul> <li>6. I have not been charged with child abuse, including any inappropriate sexual behavior (Initial)</li> <li>7. I have not demonstrated emotional problems that could RESULT in HARM to Alateen members. If such issues do</li> </ul>	
arise, I will step away from my position until my issues are resolved (Initial)	
8. I agree to conduct myself in a manner that complies with	
9. I agree to have Automobile Insurance Coverage applicable with Missouri State Laws when transporting Alateens.	
<ul> <li>10. I have read, understand, and agree that I meet the above listed criteria, items 1 through 9 (Initial)</li> <li>11. I agree to step down immediately as an AMIAS or AMIAS Candidate should I be or become unable to meet all criteria above (Initial)</li> </ul>	
Check if Applicable	
I am new to this Al-Anon District, but have attended a home Al-Anon meeting locally for at least 3 months prior to volunteering for AMIAS. Before coming to this location, I attended	
AFG,	District # Area,(Initial)
As a condition of serving as an Al-Anon Member Involved in Alateen Service (AMIAS), I agree to hold harmless from liability, all Alateen Groups, Missouri AFG, Inc., AFG Headquarters, Inc., District Officers, Area Officers, employees and volunteers of this organization. I understand that this organization and persons involved with the organization at all levels are not under any obligation to certify me as an AMIAS (which includes Alateen Group Sponsor). I further understand that any particular Alateen Group can decline to allow me in their meeting.	
□ I am willing to serve as an Alateen Group Sponsor: I agree to make a two-year commitment to Alateen Group Sponsorship (one meeting at a time)	
Signature:	Date:
Print Name:	
Please return this form to the Area Alateen Process Person must be complete before you attend the first Alateen meeti	If you are a new Group AMIAS/Sponsor, the certification ing of any group. This information is confidential and will be w. It will be retained by the Area Alateen Process Person and

must be updated and re-submitted annually. Deadline for all recertification paperwork is <u>no later than May15.</u>

## □ I have attached a current (within the last 30 days) Family Care Safety Registry (FCSR) report

Scan and email to aapp@missouri-al-anon.org