

<p><b>I. Candidate Criteria—please initial where indicated:</b></p> <ol style="list-style-type: none"> <li>1. I am at least 21 years old.</li> <li>2. I have been active in my <i>Al-Anon</i> program for at least 2 years (does not include time in Alateen).</li> <li>3. I attend at least one Al-Anon meeting a week.</li> <li>4. I have not been convicted of a felony.</li> <li>5. I have not been charged with child abuse.</li> <li>6. I have not been charged with inappropriate sexual behavior.</li> <li>7. I am not demonstrating emotional problems that could result in harm to Alateen members.</li> </ol> <p><b>I meet criteria 1-7 above: _____</b></p>	<p><b>II. Concerning Alateen Groups—please initial where indicated:</b></p> <p>I understand that:</p> <ol style="list-style-type: none"> <li>1. There must be one certified Alateen group sponsor at every Alateen meeting; less than that is not ideal and could create an unhealthy environment for the teens and/or the sponsor.</li> <li>2. If I or my co-sponsor(s) are not available I/we are responsible for finding or asking for help in finding a certified substitute.</li> <li>3. If I find myself without a certified co-sponsor or substitute for a period of three or more weeks, I must notify the District Alateen Safety Coordinator.</li> </ol> <p><b>I agree to abide by above expectations: _____</b></p>
<p><b>III. Sexual Misconduct—Please initial where indicated:</b></p> <p>Overt and covert sexual behavior is defined as: any sexual advances whatsoever, permitting sexual advances, unwanted physical affection, lewd behavior from Alateen members (dirty jokes, inappropriate discussion of sexual behavior and inappropriate dress).</p> <ol style="list-style-type: none"> <li>1. If I feel threatened or am approached in a sexual way by an Alateen member I will discuss the issue with him/her and another Al-Anon member present whom the Alateen trusts. If the issue isn't resolved to my satisfaction I will to seek the support of my Alateen Group co-sponsor, my personal sponsor, the District/ Area Alateen Safety Coordinator, and my DR.</li> <li>2. Inappropriate sexual behavior is hazardous not only to the teen, but to the Alateen meeting, to myself, and to the worldwide fellowship of Al-Anon and Alateen as a whole.</li> <li>3. I will not engage in overt or covert sexual behavior with Alateen members.</li> </ol> <p><b>I agree to abide by above expectations: _____</b></p>	<p><b>VI. Agreements—Please initial where indicated:</b></p> <p>I agree to:</p> <ol style="list-style-type: none"> <li>1. Conduct myself in accordance with all applicable laws (city, state, federal).</li> <li>2. Participate in the yearly recertification process for AMIAS in WA Area.</li> <li>3. Use applicable travel, permission, and medical forms.</li> <li>4. Consider the safety of the teens paramount in all situations.</li> <li>5. For any reason, resign my AMIAS position(s) if asked, knowing that resignation is not an admission of wrongdoing.</li> <li>6. Take AMIAS training every two years and participate in additional education, group sponsor inventories, and group sponsor meetings as available in order to continue being an AMIAS.</li> </ol> <p><b>I will adhere to above agreements: _____</b></p>

***The above information (sections I-IV) is confidential and will be used and distributed only in accordance with applicable law!***

I, \_\_\_\_\_ declare under penalty of perjury under the laws of the  
(print name)  
State of Washington that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City, State: \_\_\_\_\_

### **Permission to perform background check:**

I agree to allow WA Area AFG Inc. and its authorized administrators to conduct a background investigation on me, which may include a review of sex offender registries, child abuse and criminal history records. I agree to hold harmless from liability, the Alateen Group, WA Area AFG, Inc., AFG Headquarters, Inc., their officers, employees and volunteers of these organizations. I understand these organizations and employees are not under any obligations to appoint me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Nomination Information**

**(Required for all AMIAS at initial and re-certifications)**

This section is to be filled in by the nominator. A nominator is an Al-Anon member from the nominee's district who has knowledge of the candidate's program and believes the candidate would be an asset to Alateen service. Examples of possible nominators are a district representative, group representative, personal sponsor, or another Alateen group sponsor.

I can verify that \_\_\_\_\_ meets the requirements for  
certification as an Al-Anon Member Involved in Alateen Service and nominate him/her as a candidate for  
Alateen service.

Nominator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominator name (please print): \_\_\_\_\_

Nominator's Relationship to Candidate: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Checklist!

\_\_\_ AMIAS Training Certificate

\_\_\_ Copy of driver's license

\_\_\_ All four pages of AMIAS Packet completely filled out and legible \_\_\_ Physical address included (not P.O. Box)

\_\_\_ Please collect all above and send to e-mail address or contact for mailing address:

Kathy D.

[alateensafety@wa-al-anon.org](mailto:alateensafety@wa-al-anon.org)

Thanks for your service!!

# Al-Anon Member Involved In Alateen Service

***It is required that this form be completed by all Al-Anon members involved in service to Alateen (Please Print)***

First & Last Name:

Street Address:

City, State/Province:

Zip/Postal Code:

Phone:

e-mail:

District:

***I am in compliance with my area's safety and behavioral requirements and agree to abide by them.***

\_\_\_\_\_  
Signature Date

***To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.***

\_\_\_\_\_  
Authorized Area Signature Area # Date  
*Please print Name Below:*

**Each area must certify to the WSO annually that each Al-Anon member involved in Alateen Service has met the area's safety and behavioral requirements and has agreed to abide by them.**

WSO Assigned ID Number: \_\_\_\_\_

For Area Use: