

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:

NOTE: DO NOT USE THIS FORM- FORMS WILL BE FORWARDED BY THE AAPP TO YOU FOR PROCESSING

CONNECTICUT AMIAS RECERTIFICATION – Form C

It is essential that this form be completed and returned to the Area Alateen Process Person no later than June 1st of every year.

AMIAS service role: GROUP SPONSOR____ OTHER_____

Alateen Group Name (if applicable): _____ WSO Group ID# _____

Location: _____

First & Last Name of AMIAS: _____

Street Address: _____

City: _____ State: CT Zip _____

Phone #(s) _____ email Address _____

- If Group Sponsor, Number of years as Sponsor to the above group _____
- I am still actively attending Al-Anon meetings. My Al-Anon home group is _____

I attest that the above statements are accurate. My primary goal is to help the Alateen members follow the Al-Anon program. Should anything interfere with this objective, i.e. accusations, controversy, threats of personal harm, etc., I will discontinue serving in this position. Even if I feel totally blameless, I understand that my removal from the situation will protect the Alateen members and preserve unity of the fellowship as well. I understand that stepping away from sponsoring an Alateen group is not an admission of guilt. I further agree to perform my Alateen sponsoring responsibility within my District and Area guidelines for Alateen Group Sponsor.

Group Sponsor signature

District Representative's signature (see note below)

Alateen Coordinator

_____/_____/_____
Date signed by Alateen Coordinator

AAPP signature

_____/_____/_____
Date signed by AAPP

Note to DR– When signing the above, please keep the following criteria in mind. Does the Sponsor/AMIAS meet the “Role of Group Sponsors/AMIAS” responsibilities as identified on page 5 in the CT Alateen Group Sponsor/AMIAS Guidelines. Does the group sponsor arrive on time for meetings, arrange for substitute coverage, attend home group meetings regularly, attend District meetings with Alateen Group Representative, attend Assembly’s and to the best of your knowledge, is generally a good representative of the Al-Anon program. Comments (optional). You may use the back of the sheet if necessary.