

CONNECTICUT CONFIRMATION OF ALATEEN GROUP SPONSOR **Form C**

It is essential that this form be completed and returned to the District Representative by, but no later than May 1 of every year. All forms will be forwarded to the Alateen Coordinator by June 1.

ALATEEN GROUP NAME: _____ **GROUP ID#** _____

Location: _____

First & Last Name of Sponsor _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **email address:** _____

- Number of years as sponsor to above Alateen 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 the 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 sponsors.

Sponsor's signature

District Representative's signature

AAPP

Date signed by AAPP

Note to DR/coordinator – when signing the above please keep the following criteria in mind. Does sponsor arrive on time for meetings, arrange for substitute coverage, attend home group regularly, attend district meetings with Alateen Group Representative, 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 sheet if necessary: