

# 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:

## OREGON AREA ALATEEN SPONSOR CANDIDATE APPLICATION

Last Name:	First Name:	Middle Initial:	Phone:
Address:	City/State:	Zip:	e-mail address:
Al-Anon Home Group:	City:	District:	Date of Birth:

These questions are requested to assure that you are an Al-Anon member qualified to meet the WSO and Oregon Area requirements for working with Alateen members. *An AA member who is not an Al-Anon member may not serve as a Sponsor Candidate.* Please check a YES or NO and INITIAL each statement. Sign and Date the form below

STATEMENTS	YES	NO	INIT.
I regularly attend _____ Al-Anon meetings each month.	n/a	n/a	
I am at least 21 years old.			
I have been active in the Al-Anon program for at least 2 years, excluding time in Alateen.			
I am new to this Al-Anon Area and have attended a local Al-Anon meeting for at least 6 months before volunteering for Sponsorship. <i>(if not applicable, leave blank)</i>			
I have been convicted of a felony.			
I have been charged with child abuse.			
I have been charged with inappropriate sexual behavior.			
I have demonstrated emotional problems that could result in harm to Alateen members.			
I agree not to have overt or covert sexual interaction (whether consensual or not) with an Alateen member. This includes verbal statements, touching, rubbing or other contact which can be perceived to be sexual and makes either party or audience uncomfortable.			
I agree to conduct myself in a manner in accordance with applicable laws.			
If asked to resign my position as an Alateen Sponsor or as a Sponsor Candidate, I will consider the safety and welfare of the Alateen members to be very important and will resign. This implies neither guilt nor innocence.			

**I have read, understand and agree that the statements checked and initialed above are correct. I agree to promptly notify the Oregon Area Alateen Process Person or District Rep. when any of these statements have changed. As a condition of serving as an Alateen Sponsor Candidate, I agree to submit to the Background check as required by the Oregon Area Safety Guidelines. I make a 2 year commitment to Alateen Sponsorship.**

Please provide the names of two Al-Anon Members and phone numbers for referral. One of which must be from your Home Group. Return this form to your District Rep. when completed.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
Alateen Sponsor Candidate Signature

\_\_\_\_\_  
DATE

TO BE FILLED OUT BY THE DISTRICT REPRESENTATIVE  
Please check with a YES or NO

	YES	NO
REFERENCES CONTACTED	_____	_____
RECEIVED "AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE" FORM	_____	_____
INTERVIEWED CANDIDATE	_____	_____
OREGON AREA ALATEEN REQUIREMENTS GIVEN TO APPLICANT	_____	_____
COMMENTS:		

\_\_\_\_\_  
DISTRICT REPRESENTATIVE Signature

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
District:

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OREGON AAPP USE ONLY

"PASS" BACKGROUND CHECK RECEIVED: \_\_\_\_\_(date)

"AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE" form sent to WSO: \_\_\_\_\_(date)

WSO ASSIGNED ID NUMBER RECEIVED: \_\_\_\_\_(date)

WSO Sponsor ID #: \_\_\_\_\_

AUTHORIZATION TO BE SPONSOR SENT TO D.R.: \_\_\_\_\_(date)

\_\_\_\_\_  
Area Alateen Process Person Signature

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