

TO BE FILLED OUT BY THE DISTRICT REPRESENTATIVE

Write YES in the blanks below, when completed.

_____ RECEIVED APPLICATION

_____ INTERVIEWED CANDIDATE IN PERSON

_____ REFERENCES CONTACTED

_____ OREGON AREA ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS RECEIVED FROM APPLICANT

SEND ALL 3 PAGES OF APPLICATION (INCLUDING THIS PAGE) PLUS OREGON ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS, SIGNED BY CANDIDATE, TO THE AAPP

COMMENTS: _____

District Representative Signature Date

Print Name Phone

District No:



OREGON AAPP USE ONLY

Check received from District: _____(Date)

Background Check Approved: _____(Date)

WSO assigned ID Number Received: _____(Date)

WSO ID# _____

Authorization to be Certified AMIAS sent to DR _____ (Date)

Area Alateen Process Person Signature Date

**OREGON AREA AL-ANON MEMBER
INVOLVED IN ALATEEN SERVICE (AMIAS) APPLICATION**

Last Name:	First Name:	Middle Initial:	Phone:
Address:	City/State:	Zip:	Email 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 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	
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. (If not applicable, leave blank.)			
I have not been convicted of a felony, charged with child abuse or charged with inappropriate sexual behavior.			
I have not 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.			
If asked to resign my position as an Al-Anon Member in Alateen Service, I will consider the safety and welfare of the Alateen members to be very important and will resign. This implies neither guilt or 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 Representative when any of these statements have changed. As a consideration to serve as an AMIAS, I agree to submit to the Background check as required by the Oregon Area Alateen Safety and Behavioral Requirements. I make a two-year commitment to Alateen Service.

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 Representative when completed.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Al-Anon Member Involved in Alateen Service Applicant Signature Date

AI-Anon Member Involved in Alateen Service

It is required that this form be completed by all AI-Anon members involved in service to Alateen.

(Please print)

First and last Name

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Street Address

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City, State, Province

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip/Postal Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone (Indicate cell or home phone)

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e-mail:

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District No.: _____

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

Signature

Date

To the best of my knowledge, the above AI-Anon members meets the area's safety and behavioral requirements.

Authorized Area Signature (DR or AAPP)

Date

(Please Print Name Below)

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Each area must certify to the WSO annually that each AMIAS has met the area's Alateen safety and behavioral requirements and has agreed to abide by them.

WSO Assigned ID Number:

For Area Use:
