

OREGON AREA AMIAS RECERTIFICATION 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 still 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 an Alateen Sponsor.*

Please check a YES or NO and INITIAL each statement.

Statement	Yes	No	Initial
I regularly attend _____ Al-Anon meetings each week	n/a	n/a	
Do you sponsor an Alateen group? If so, which group? _____			
Have you been convicted of a felony in the past year?			
Have you been charged with child abuse, inappropriate sexual behavior or have demonstrated emotional problems that could result in harm to Alateen members.			
Have you ever been asked to resign or been voted out of a meeting?			
Are you presently doing service for Alateen (such as Roundup, OAC, or fundraisers)?			
Have you read Alateen literature?			

Sign and date this form.

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.

NAME: _____ PHONE: _____

_____ DATE _____
AMIAS Signature

NAME: _____ PHONE: _____

_____ DATE _____
District Representative Signature

Return this form and the signed Alateen Safety and Behavioral Requirements form to your District Representative. If you have no DR, return the forms to the AAPP.