

Idaho Area Al-Anon Member Involved in Alateen Service (AMIAS) Annual Recertification Forms

Alateen Service is a privilege, a gift to the person serving and to the fellowship as a whole. Each year the “Al-Anon Members Involved In Service”, Alateen Groups and districts participate in keeping this gift available by completing the AMIAS recertification and Alateen group updates.

Each year the Idaho Area Alateen Coordinator/AAPP is required to return a list of recertified “Al-Anon Members Involved in Alateen Service” (AMIAS) to the World Service Office by June 30th. Please mail or email your Idaho Area AMIAS recertification form to your Area Alateen Coordinator/AAPP by June 1st.

Annually, Alateen Groups are required to update the group information in order to remain on schedules, use the copyrighted Alateen name, and participate in the links of service. The group update forms are sent out by the WSO in March each year. The deadline to return them is also June 30th. Please mail or email your Alateen group update form to the Idaho Area Process Person by June 1st.

Idaho Area Alateen Process Person (AAPP):

Ruth Blaha

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Annual Recertification forms must be returned to the AAPP no later than June 1st

ANNUAL RECERTIFICATION FORM

Al-Anon Member Involved In Alateen Service

Please Print)

First & Last Name:

[illegible]**Street Address:**[illegible]

City, State/Province:

[illegible]**Zip/Postal Code/Phone:**[illegible]

e-mail:

[illegible]

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

Signature _____ Date _____ District _____

Date _____

District

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

Authorized Area Signature	Area #	Date
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Area #

Date

Please Print Name Below:

[illegible]

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:

List Alateen Group(s) linked to this AMIAS

Idaho Area AMIAS Re-certification Form

Full Name: _____ Date _____

Phone Number: _____ E-mail: _____

Address/City/State/Zip: _____

Home Group: _____ District # _____

Do you sponsor an Alateen group? _____ Name of Alateen group _____

Alateen meeting place/ date/ time: _____

Co-Sponsor name/phone: _____

Al-Anon Member Involved in Alateen Service (AMIAS) Criteria:

(Please answer TRUE or FALSE)

- 1) I am at least 21 years old. _____
- 2) I have been active in my **Al-Anon** program (in addition to any time spent in Alateen) for at least 2 years. _____
- 3) I attend at least one Al-Anon meeting a week. _____
- 4) I understand there must be one certified Alateen group sponsor at every Alateen meeting. I understand having less than two certified group sponsors at an Alateen Group Meeting is not ideal and over a period of time could create an unhealthy environment for the teens and/or the sponsor. _____
- 5) I understand that if I or my co-sponsor(s) are not available for our scheduled Alateen meeting we are responsible for finding or for asking for help from other certified AMIAS. _____
- 6) I understand if I find myself without a certified co-sponsor or substitute for a period of three or more weeks, I must notify the District Alateen Coordinator. _____
- 7) I will not engage in overt or covert sexual behavior with Alateen members. _____
- 8) I understand that overt and covert sexual behavior is defined as: any sexual advances whatsoever, permitting sexual advances from Alateen members, unwanted physical affection, dating an Alateen, lewd behavior (dirty jokes, inappropriate discussion of sexual behavior, inappropriate dress, inappropriate touching or hugging). I agree that initiating hugs could be misconstrued by vulnerable teenagers and must be avoided. _____
- 9) I understand that if I feel threatened or approached in a sexual way by an Alateen member I will discuss the issue with the Alateen, and with another Al-Anon member present whom the Alateen trusts. If the issue isn't resolved to my satisfaction I will seek the support of my Alateen Group co-sponsor, my personal sponsor, the district and area Alateen coordinator and my district representative. _____
- 10) I understand that sexually inappropriate behavior is hazardous to not only the teen, but the Alateen meeting, myself and to the worldwide fellowship of Al-Anon and Alateen as a whole. _____
- 11) I have not been charged with, plead guilty to, or been convicted of a felony. _____
- 12) I have not been charged with and plead guilty to, or been convicted of child abuse or any other offenses against children, including misdemeanor or felony Injury to a child, domestic violence, lewd behavior with a minor, or any other behavior that might be harmful to a child, whether it was a withheld judgment or not. _____
- 13) I have not been charged with, plead guilty to, or been convicted of inappropriate sexual behavior. _____
- 14) I am not demonstrating emotional problems that could result in harm to Alateen members. _____

Idaho Area AMIAS Re-certification Form (cont.)

- 15) I agree not to have one-on-one personal contact with Alateens outside the meeting. Alateens sponsor other Alateens. (Informational contact via phone regarding meeting location, cancellations, and other meeting information is allowable.) _____
- 16) I agree not to conduct myself in a manner contrary to applicable Idaho laws, including specific disqualifying crimes listed in Idaho Administration Code 16.05.06 Section 210.01. _____
- 17) I agree to promptly divulge a disqualifying event that may occur between background checks, including any requirement or restriction listed here and including charges of a felony offense or a misdemeanor related to children (i.e. Injury to Child). Failure to do so will result in being permanently ineligible for Alateen service. _____
- 18) I have not been charged with a DUI in the past year. I have not been convicted of a DUI in the past 3 years. _____
- 19) I agree to participate in the yearly recertification process for Al-Anon Members Involved in Alateen Service in Idaho Area. _____
- 20) I agree to submit to a fingerprinted background check through the Idaho State Police every 5 years according to Idaho guidelines. _____
- 21) I agree to use applicable travel, permission and medical forms for any Alateen traveling to an event. _____
- 22) I agree to attend one Alateen Sponsor training session annually. This could be an online training session. _____
- 23) If asked to resign the position(s) of “Alateen Group Sponsor” or “Al-Anon Member Involved in Alateen Service” for any reason, I will consider the safety of the teens to be paramount and resign. Resignation is not an admission of any wrongdoing. _____
- 24) I have read, understand, and agree that I meet items 1 through 23 above. I agree to step down at any time if I cannot meet these criteria. _____

Idaho Area AMIAS Re-certification Form (cont.)

The following is required for Al-Anon Members Involved in

Alateen Service: (Please initial each statement)

1. I agree to allow the Idaho Area and its authorized representatives to conduct a background investigation on me, which may include a review of sex offender registries, child abuse and criminal history records. I agree to hold harmless from liability, the Alateen Group, Idaho Area, AFG Headquarters, Inc., their officers, employees and volunteers of these organizations. I understand these organizations and employees are not under any obligations to appoint me.

2. I agree to complete the Area requirements for Alateen Group Sponsor Training. I am willing to participate in additional education, group sponsor inventories and group sponsor support meetings as available or needed. _____

Candidate's Signature

I, _____ declare under the laws of the state of Idaho that the foregoing is true and correct.

Signed this _____ day of _____, 20____ in the city of _____ in the State of Idaho.

Signed _____

Print name _____