

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

I am confirming that the Al-Anon Member has complied and meets all the New York North requirements to become an AMIAS and has cleared all the required background checks.

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:

I have reviewed and confirmed that all AMIAS Candidate forms have been completed and signed.

District Representative's Signature

Date

(If there is no District representative, contact the New York North Alateen Coordinator for instructions on how to complete the process.)