

PLEASE PRINT

New York North AFG

(Attachment D)

New Al-Anon Member Involved In Alateen Service (AMIAS) Candidate Certification Form

Full Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address/City/State/Zip: _____

Al-Anon Home Group _____ District # _____

This form must be completed by all Al-Anon Members who wish to become an Alateen Group Sponsor/AMIAS (Al-Anon Member Involved in Alateen Service) in New York North.

Please take a moment to read each question and initial.

1. I am at least 21 years old. _____ (Initial)
2. I have at least 2 or more years in Al-Anon. _____ (Initial)
3. I attend Al-Anon meetings on a regular basis. _____ (Initial)
4. I have a Personal Al-Anon Program Sponsor and/or Al-Anon Service Sponsor. _____ (Initial)
5. I have not been convicted of a felony. _____ (Initial)
6. I have not been charged with child abuse, including any inappropriate sexual behavior. _____ (Initial)
7. I agree not to have overt or covert sexual interaction (whether consensual or not) with any Alateen member including but not limited to:
 - Touching a teen inappropriately. _____ (Initial)
 - Dating a teen who is an Alateen Member. _____ (Initial)
 - Holding or hugging in an inappropriate manner. _____ (Initial)
8. I have not demonstrated emotional problems that could result in harm to Alateen members. If such issues do arise, I will step away from my position until my issues are resolved. _____ (Initial)
9. I agree to conduct myself in a manner that complies with all applicable laws. _____ (Initial)
10. I agree to have Automobile Insurance Coverage applicable with New York State laws when transporting Alateens. _____ (Initial)
11. I have read, understand, and agree that as an active AMIAS (Al-Anon Member Involved in Alateen Service) in New York North I meet the above criteria. _____ (Initial)
12. I agree to step down immediately as an AMIAS should I become unable to meet all criteria above. _____ (Initial)
13. In order to protect myself from any types of accusations by an Alateen member I understand that it is strongly suggested that there be at least two AMIAS in the Alateen meeting room at all times. _____ (Initial)
14. I understand that as an AMIAS I need to take part in any educational programs presented by the NYN Alateen Coordinator. _____ (Initial)
15. By initialing and signing his document, I give full permission for the NYN AAPP to perform a background check with my name on the United States Department of Justice National Sex Offenders Registry (<http://www.nsopw.gov>) & New York State Sex Offenders Registry (<http://www.criminaljustice.ny.gov/nsor>) _____ (Initial)

Signature: _____ Date: _____

Print name: _____

Please return this form to the NYN Area Alateen Process Person

Revised 8/4/2018