

Yearly Al-Anon Member Involved In Alateen Service (AMIAS) Candidate Recertification 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 initial one of the following statements:

I no longer wish to serve as an AMIAS in New York North. \_\_\_\_\_ (Initial) If no, skip to the end, sign and return.

I wish to continue my service as an AMIAS in New York North. \_\_\_\_\_ (Initial) If yes, answer all of the statements below.

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: \_\_\_\_\_