

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

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

_____ 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 in my possession 2 letters of recommendation. _____

_____ 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.)