

**To the New York North Alateen Process Person**

**(Attachment C)**

\_\_\_\_\_ is a Al-Anon member who has expressed a desire to work with Alateens in a service capacity. One of the requirements to start this process is to get two letters of recommendation from two different Al-Anon members who will vouch for the person listed above. This is a very serious commitment for the prospective AMIAS.

This will serve as one of those letters of recommendation. I understand that my contact information will be requested and verified. Al-Anon Members Involved in Alateen Service (AMIAS) need to be responsible and trustworthy as the safety of our Alateen young adults are always the main concern for all Alateen and Al-Anon members combined.

I, \_\_\_\_\_ **to the best of my knowledge**, know that the person for whom I am signing this recommendation letter meets the New York North’s Area Safety and Behavioral Requirements for Al-Anon Members Involved in Alateen Service which includes the following criteria:

- He/She attends at least one Al-Anon meeting a week.
- His/Her Home Group for Al-Anon is \_\_\_\_\_
- He/She is 21 years of age or older.
- He/She has been active in Al-Anon for at least 2 years not including any time spent in Alateen.
- He/She has an Al-Anon Personal Program Sponsor and/or Al-Anon Service Sponsor.
- He/She has not been convicted of a felony.
- He/She has not been convicted of child abuse.
- He/She has not demonstrated emotional problems that could result in harm to Alateen members.
- He/she agrees not to have any overt or covert sexual interaction (whether consensual or not) with an Alateen member, including but not limited to:
  - Touching a teen inappropriately.
  - Dating a teen who is an Alateen member
  - Holding or hugging in an inappropriate manner
- He/She agrees not to conduct themselves in a manner contrary to applicable laws

Print Your Full Name and Address:

District # \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your phone number: \_\_\_\_\_ Your e-mail address: \_\_\_\_\_

Please check off one of the following:

\_\_\_\_\_ I am the Candidate’s Program Sponsor.                      \_\_\_\_\_ I am the Candidate’s Service Sponsor.  
\_\_\_\_\_ I am a fellow Al-Anon Member of the Candidate’s Home Group.

Return this letter with all required Alateen Sponsor/AMIAS forms to your District Representative or Contact Person.

**Please remember to put principles above personalities; if, for any reason you do not feel comfortable in making this recommendation, it is OK to refuse.**