

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 and Last Name: _____

Street Address: _____

City, State/Province: _____

Zip/Postal Code/Phone: _____

e-mail: _____

I am in compliance with my area's safety and behavioral requirements and agree to abide by them.

Signature **Date**

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: Read the Safety Requirements. Authorization is valid for one calendar year.
Please submit annually.

District Representative's Signature _____

(If your district does not have a DR, send this to the Alateen Coordinator.)

District Number _____ DR's phone number _____

Send the original form to the Process Person

Rex McVicker
290 Ripley
Akron, OH 44312