

Al-Anon Member Involved In Alateen Service

*It is required that this form be completed by all Al-Anon Members Involved in Alateen Service.
(Please Print)*

First and Last Name: _____

Street Address: _____

City, State/Province: _____

Zip/Postal Code/Phone: _____

E-mail address: _____

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.

Area Alateen Process Person's Signature

Area and #

Date

Please Print Name Below:

WSO Assigned ID Number _____

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.

For Area Use: Read the Safety Requirements. Authorization is valid for one calendar year. (Please submit annually.)

Home Group's GR's Signature _____ Phone Number _____

District Representative's Signature _____ District Number _____

DR's phone number _____

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

⇒⇒⇒ Applicants is this a new or renewal application. Please check one. ⇐⇐⇐

Send the original FORM TWO to the Area Alateen Process Person.