

Al-Anon Family Groups of Ohio, Inc. AMIAS Certification FORM

FORM ONE: Agreement and Signature Page Read the Safety Requirements.

Authorization is valid for one calendar year. (Please submit annually.)

INSTRUCTIONS: Initial each section and sign this form and fill out your information. Then the Group Representative from your home group must fill their section and sign. Next, have the District Representative fill out their section and sign form. When completed, send this to the Area Alateen Process Person (AAPP).

I meet the minimum requirements for certification as listed here: (Initial each)

_____ I am an Al-Anon member regularly attending Al-Anon meetings (additional to Alateen meetings)

_____ I am at least 21 years of age

_____ I have at least two years in Al-Anon in addition to any time spent in Alateen (or in AA)

_____ I have not been convicted of a felony, and not have been charged with child abuse or other inappropriate sexual behavior, and not have demonstrated emotional problems which could result in harm to Alateen members.

_____ I have read, understand, and agree to comply with the **AFG of Ohio's Minimum Safety and Behavioral Requirements** for Al-Anon Members Involved in Alateen Service (AMIAS).

Signature: AMIAS Applicant

Print Name

Date

Name of AMIAS Applicant Home Group

Day-Time-City-District #

WSO Group ID #

Applicant: This application is *New* *Renewal* (Please check one)

"This person is known to me and, to the best of my knowledge, these statements are true."

Signature: Group Representative for AMIAS Applicant Home Group

Date

GR - Print Name

Phone Number

"I have talked with the AMIAS Applicant."

Signature: District Representative

District #

Date

DR - Print Name

Phone Number

FORM TWO: AI-Anon Member Involved In Alateen Service (AMIAS)
 It is required that this form be completed by all AMIAS

PLEASE PRINT	
AMIAS First & Last Name _____	
Street Address _____	
City, State / Providence _____	
Zipcode _____	
Home Phone _____	Mobile Phone _____
Email _____	
I am in compliance with my Area's Safety and Behavioral requirements and agree to abide by them.	
Signature: AMIAS Applicant _____	Date _____

<p>FORM THREE: Fingerprinting & FBI Background Check</p> <p>On _____ (date), I completed my background check and the results are being sent to the Area Alateen Process Person.</p> <p>_____</p> <p>Signature: AMIAS Applicant</p>	<p>Required for NEW APPLICANTS & other AMIAS check with AAPP if their background checks are due for this year.</p>
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SEND THE ORIGINAL of Form One, Two & Three to the Area Alateen Process Person (AAPP)

<p>AAPP USE ONLY: To the best of my knowledge, the above AI-Anon applicant meets the Area's Safety and Behavioral requirements.</p>		
044		
Signature: Area Alateen Process Person (AAPP) _____	Area # _____	Date _____
AAPP - Print Name _____	AAPP WSO Assigned ID Number _____	
Each Area must certify to the WSO annually that each AI-Anon Member Involved in Alateen Service has met the Area's Safety and Behavioral Requirements and has agreed to abide by them.		