Al-Anon Family Groups of Ohio Inc.

Application Packet for Al-Anon Members Involved In Alateen Service

Policies, Application Process, and Forms

Who Must Register?

- Alateen meeting sponsors and those who might fill in for a sponsor

- Area Alateen Coordinator and Al-Anon Information Service (aka Intergroup) Alateen Coordinator

- Members serving Alateen in any other capacity (working with Alateen members at a convention, conferences, fund-raisers, providing rides, etc)

- District Representatives are encouraged to register
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Check list For Applicants

This packet contains the instructions to aid in the completion of forms and steps needed to complete the Al-Anon Member Involved in Alateen Service (AMIAS) certification and registration process for Al-Anon Family Groups of Ohio.

Following is a checklist of items to assist members with the process. Items are initialed as they are completed. This sheet is for the applicant’s personal records.

1. Read all the pages in the Application Packet.
2. Talk with your GR, DR, and Area Alateen Coordinator
3. Complete the forms in the Application Packet.
   - Signature Sheet (FORM ONE)
   - Al-Anon Member Involved in Alateen Service Form (FORM TWO)
4. Complete the FBI background check. This can be done at your local sheriff’s office, an FBI-approved Channeler location, or directly though the FBI. (Instruction for completion directly though the FBI can be obtained from the AAPP)
5. Send agreement and Signature sheet (Form One), Al-Anon Member Involved in Alateen Service (Form Two) certification form, and the page saying background check has been completed and will be sent to the Area Alateen Process Person to the AAPP (Form Three). {See the Area’s AWSC Contact List for the Contact information of the AAPP.}
6. When the AAPP receives the certification number from the World Service Office, the AAPP will contact the AMIAS applicant with their WSO number. {FYI: It will take up to 12 weeks to complete this process. Eight Weeks to receive results for the FBI, and another three weeks for your identification number to returned form WSO.}
7. Store your WSO number in a safe place for future reference.
8. Have fun with your new service position.
Minimum Safety and Behavioral Requirements
From pages 8 - 9 of the By-Laws of the Ohio Al-Anon Family Groups, Inc.

1. Every Al-Anon Member Involved with Alateen Service must:
   A. Be an Al-Anon member attending Al-Anon meetings.
   B. Be at least 21 years old.
   C. Have at least two years in Al-Anon, in addition to any time spent in Alateen.
   D. Not have been convicted of a felony, and not have been charged with child abuse or any other inappropriate sexual behavior, and not have demonstrated emotional problems which could result in harm to Alateen members.

2. There must be at least one Alateen sponsor at every Alateen meeting.

3. The Area requirements prohibit overt or covert sexual interaction between any adult and Alateen member.

4. The Area requirements prohibit conduct contrary to applicable laws.

5. The Area requirements contain procedures for parental permission and medical care when applicable.

6. The Area requirements must be reviewed by local counsel.

7. Consent forms must be signed by a parent/legal guardian whenever any Alateen member is transported to/from any out of town Al-Anon/Alateen meetings or event. A notarized consent/medical form is required for any out of town Al-Anon / Alateen event. The form must be for the sole purpose of a specific event. A copy of the consent form must be kept in the possession of the person who is providing the transportation or acting as chaperone.

8. All Al-Anon Members Involved In Alateen Service will provide a set of fingerprinting impressions for the purpose of securing a criminal record.

Description of Al-Anon Member Involved in Alateen Service (AMIAS)
A description of an AMIAS is in the Al-Anon Alateen Service Manual (P-24-27) in the Alateen Policy section.

Alateen Policy and Guidelines
Al-Anon members who desire to become Al-Anon Members Involved in Alateen Service (AMIAS) shall become familiar with the Alateen policy as stated in the Al-Anon Alateen Service Manual (P-24-27) and the Alateen Safety Guidelines (G-34). These can be found at www.al-anon.org/members.

Who shall be fingerprinted?
Al-Anon members providing direct service to Alateen members. The list includes but is not limited to: Alateen group sponsors, Alternate sponsors, anyone providing transportation to an event that involves Alateen members, or members serving Alateen in any capacity.

Where does an AMIAS have their background check completed?
Background checks can be completed at your local sheriff’s office, at any FBI-approved Channeler location, or can be checked through the FBI directly. (Contact the Area Alateen Process Person, AAPP, for assistance with this option.)

Where are fingerprint impressions made?
Fingerprint impressions can be made at your local County Sheriff’s Office. The fee for this service varies from county to county. Call your local Sheriff’s Office for details, fees, fee payment method, and directions. Some local police departments may also provide this service. Contact your local police department and inquire about this service and fees. Background checks can also be obtained through an FBI-approved Channeler location. Fees for this service vary. If you choose the option to go directly to the FBI, contact the AAPP for procedure instructions.
Who stores the records?
The AAPP shall store all AMIAS records.

Where are the records stored?
The AAPP shall store all AMIAS records and obtained information in a secure, locked unit. Records shall be protected and kept confidential.

Who has access to the AMIAS Forms?
Access to the records shall be by the AAPP and the Area WSC Delegate, if necessary.

How long are records/forms kept?
Records shall be kept as long as the AMIAS is active in Alateen service.

How are records/forms disposed of?
Records shall be shredded by the AAPP within six months of an AMIAS leaving active AMIAS service. Records shall be disposed of when an AMIAS’s information is updated.

How often does an AMIAS need to have their background check renewed?
An AMIAS shall renew their background check every five years. In the event an AMIAS has a break in service and records have been destroyed, a new background check shall be required as well as accompanying information forms.

Who does the AMIAS applicant need to talk to before beginning the application process?
All AMIAS applicants shall talk to the Group Representative of their home group, the District Representative in the District in which the AMIAS is going to serve, and other AMIAS’s. It is highly recommended the AMIAS applicant also talk with the Area Alateen Coordinator before beginning the AMIAS certification process. In the event a group does not currently have a Group Representative or a District does not currently have a District Representative, the AMIAS applicant shall talk with the Area Alateen Coordinator.

What forms are included in the application process?
- Agreement and Signature sheet – FORM ONE
- AMIAS Certification Form – FORM TWO
- Completed background check notification – FORM THREE

Where can an AMIAS Applicant find the Application Packet?
The AMIAS Applicant Packet shall be found in the AFG of Ohio’s Handbook and the website for AFG of Ohio www.ohioal-anon.org. Electronic copies of the Application packet can also be requested from the Area Delegate, the Area Chairman, the Area Alateen Coordinator, and the Area Alateen Process Person (AAPP).

What are the responsibilities of trusted servants?

The Applicant:
- Talks with the Group Representative of their home group about becoming an Al-Anon Member Involved in Alateen Service
- Talks with other AMIAS members, a District Representative, and the Area Alateen Coordinator to get an idea as to what AMIAS responsibilities are
- Requests an AFG of Ohio AMIAS application packet or download from www.ohioal-anon.org
- Completes the AMIAS packet forms
- Sends FORM ONE, FORM TWO, FORM THREE to the Area Alateen Process Person (AAPP)
- Has fun being an AMIAS
The Group Representative of an AMIAS applicant:
- Talks with the AMIAS Applicant
- Possible questions for a GR to ask an AMIAS applicant: (Motion # 2018-10)
  - How long have you known this person?
  - Do they work a program?
  - Would you trust them with your children?
  - Do you feel they are ready to take on AMIAS service work?
- Signs the Agreement and Signature FORM ONE stating they know the applicant and FORM TWO on the bottom where it says For Area Use.

The District Representative in the District where the AMIAS applicant is going to serve:
- Talks with the applicant
- Possible questions for a DR to ask AMIAS applicants: (Motion # 2018-10)
  - How long have you been in Al-Anon?
  - Are you at least 21 years old?
  - Have you attended a sponsor workshop? If not, when do you plan on attending one?
  - Do you have a sponsor?
  - Have you worked the steps?
  - What makes you want to be an AMIAS?
  - How did you learn about being an AMIAS?
  - Are you planning to just assist with teens or sponsor a meeting?
  - If sponsor a meeting, do you feel you are able to fully commit to being present for all meetings and finding an AMIAS to fill in if not?
  - Have you ever worked with kids/teens before?
  - Are you able to be open minded about teens lifestyle choices when it comes to the LGBTQI community?
- Signs the Agreement and Signature FORM ONE and FORM TWO of the Applicant.

The Area Alateen Coordinator:
- Talks with the AMIAS Applicant
- Signs FORM ONE and FORM TWO for applicants in Districts who do not currently have a District Representative

The Area Alateen Process Person (AAPP):
- Receive AMIAS applicant’s forms
- Upon receiving the background check results, shall send the AMIAS FORM TWO to the World Service Office for processing, and shall file FORM ONE
- Informs AMIAS Applicant of their World Service Office ID number
- Stores all information of all applicants in a secure locked unit
- Shreds Records six months after a member leaves service as an AMIAS
- Processes renewal of AMIAS service each year

What if your home group does not have a Group Representative?
In the event your home group does not have a Group Representative, the Applicant shall talk with the District Representative and following the conversations about being an AMIAS, the applicant will ask the District Representative to sign FORM ONE (Agreement and Signature) and FORM TWO (AMIAS Certification Form).

What if the District does not currently have a District Representative?
If a District is currently without a District Representative, the applicant shall have conversations with the Area Alateen Coordinator and following the conversation the Applicant shall ask the Area Alateen Coordinator to sign FORM ONE (Agreement and Signature) and FORM TWO (AMIAS Certification Form).
How is the background check funded?
AMIAS Applicants shall submit receipts to the District Treasurer in the District in which they shall be serving for reimbursement of background check service fees. Each District shall set the amount of reimbursement for their District as fees vary county to county. In the event the District is unable to reimburse these fees, the AMIAS Applicant shall submit the background check service fee receipt to the Area Treasurer, following the established Area’s Expense Voucher procedure. Fees being reimbursed by the Area shall be in alignment with the county where fees were obtained. Area Expense Vouchers are available on the Ohio Area website www.ohioal-anon.org on the Documents page.

Does an AMIAS need to renew each year?
Yes. Each year in the fall, any time before December 31st, FORM ONE and FORM TWO are completed and sent to the Area Alateen Process Person (AAPP). This is an Area and WSO requirement. This gives an idea of who shall be active in Alateen service for the coming year. Another background check is not required until the end of the fifth year of service. (Motion 2018/05 – 01)
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.

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

__________

Group Representative for AMIAS Applicant Home Group Signature Date

“I have talked with the AMIAS Applicant.”

__________

District Representative Signature District # Date
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 & 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.

Applicant Signature ____________________________ Date ____________

To the best of my knowledge, the above Al-Anon member meets the Area's Safety and Behavioral requirements.

Area Alateen Process Person’s Signature ____________________________ Area # 044 Date ____________

AAPP Please Print Name Here:

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.)

Home Group’s GR’s Signature: ____________________________ Phone Number: ____________________________

District Representative's Signature: ____________________________ Phone Number: ____________________________

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

ΞΞΞ Applicants: Is this a new ☐ or renewal ☐ application? Please check one ☐ΞΞΞ

Send the original FORM ONE and FORM TWO to the Area Alateen Process Person.
On_______________(date), I completed my background check and the results are being sent to the Area Alateen Process Person.

Signed: ______________________________