

Form One

# Al-Anon Family Groups of Ohio, Inc.

## Agreement and Signature Page

⇒ **INSTRUCTIONS:** Initial each section and sign this form. The Group Representative from your home group must sign **FORM ONE** and **FORM TWO**. Next, have the District Representative sign both forms. When completed, send the **“Agreement and Signature Page” – FORM ONE** and the **“Al-Anon Member Involved In Alateen Service” – FORM TWO** 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.

_____	_____	_____
<b>Signature of AMIAS Applicant</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Name of AMIAS Applicant Home Group</b>	<b>Day-Time-City-District #</b>	<b>WSO #</b>

**“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**