

**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

Area Delegate, Area Alternate Delegate and Area Treasurer during the time of  
their term (*motion 2020-07 - #2*)

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

**Table of Contents**

Checklist for Applicant	3
Minimum Safety and Behavioral Requirements	4
Description of an AI-Anon Member Involved in Alateen Service (AMIAS)	4
Does an AMIAS need to renew each year?	5
Who needs to have a FBI background check with fingerprinting?	5
Where does an AMIAS have their background check completed?	5
Where does an AMIAS have fingerprint impressions made?	5
Who stores the records?	5
Where are the records stored?	5
Who has access to the AMIAS forms?	5
How long are records / forms kept?	5
How are records / forms disposed of?	5
How often does the AMIAS need to have their FBI background check with fingerprinting renewed?	6
Who does the AMIAS applicant need to talk to before beginning the application process?	6
What forms are included in the application process?	6
Where can the AMIAS applicant find the Application Packet?	6
What are the responsibilities of Trusted Servants?	7 – 8
What if we do not have a GR or DR?	8
How is the background check process funded?	8
Forms for the application process	9-10

## **Al-Anon Member Involved In Alateen Service Packet Checklist 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, Inc.

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, or when possible, the Area Alateen Coordinator.
- \_\_\_\_\_ 3. Complete the forms in the Application Packet.
  - \_\_\_\_\_ a. Signature Sheet (FORM ONE)
  - \_\_\_\_\_ b. 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, or an FBI-approved Channeler location.
- \_\_\_\_\_ 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 may take up to 12 weeks to complete this process.
- \_\_\_\_\_ 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 - 10 of the By-Laws For Al-Anon Family Groups of Ohio, 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 (See WSO Guideline G-34). These can be found at <https://al-anon.org/for-members/members-resources/manuals-and-guidelines/guidelines/>

**Does an AMIAS need to renew certification each year?**

Yes. Each year, by April 1st, FORM ONE and FORM TWO are completed and sent to the Area Alateen Process Person (AAPP). This is an Area and WSO requirement.

**Who needs to have a FBI background check with fingerprinting?**

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 with fingerprinting completed?**

Background checks can be completed at your local sheriff's office, or at any FBI-approved Channeler location.

**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. Background checks can also be obtained through an FBI-approved Channeler location. Fees for this service vary.

**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, or a password protected digital folder. Records shall be protected and kept confidential.

**Who has access to the AMIAS Forms?**

Access to the records shall be by the AAPP, Co-AAPP and the 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 (6) 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 FBI background check with fingerprinting renewed?**

The year that is on your FBI background check is your first year of AMIAS Service. An AMIAS shall renew their background check every five (5) years. (*motion 2018/05 – # 01*) If you are continuing as an AMIAS, another background check is required prior to December 31st of the fifth year of service.

In the event an AMIAS has a break in service and records have been destroyed, a new background check with fingerprinting shall be required as well as accompanying information form.

**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 Handbook Of General and Committee Working Procedures For AI-Anon Family Groups of Ohio, Inc., and the for AFG of Ohio <https://ohioal-anon.org/>. Electronic copies of the Application packet can also be requested from the Delegate, the Area Chairman, the Area Alateen Coordinator, and the Area Alateen Process Person (AAPP).

If using the new optional Electronic Signature Certification, the AMIAS applicant is responsible to contact their GR and DR to make sure they agree to use the Electronic Signature option. Then the applicant requests the AAPP to issue a secure, custom Electronic Signature Certification: The applicant is responsible to supply all 3 emails and specify which email is the applicant, the GR and the DR. The AAPP will create the custom Electronic Signature and the system will send an email notification to fill the form and sign: first to the applicant, then the GR, then the DR and finally to the AAPP. When all people have signed, the system will send a link to the final signed document to all the signers.

## 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 <https://ohioal-anon.org/> or follow the above process for an Electronic Signature Certification form
- 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, or if no GR, then the CMA:

- Talks with the AMIAS Applicant
- Possible questions for a GR to ask an AMIAS applicant: (*motion 2018/10 - # 01*)
- 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.

### The District Representative in the District where the AMIAS applicant is going to serve, or if no DR, then another DR or any Ohio Officer:

- Talks with the applicant
- Possible questions for a DR to ask AMIAS applicants: (*motion 2018/10 - # 01*)
  - 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 Applicant's Agreement and Signature FORM ONE.

### The Area Alateen Coordinator:

- Talks with the AMIAS Applicant
- Signs FORM ONE for applicants in Districts who do not currently have a District Representative

**The Area Alateen Process Person (AAPP):**

- Emails active AMIAS a reminder of Annual Recertification process and attaches forms and instructions
- Emails active AMIAS who are due for their fingerprinting and FBI background check
- Receive AMIAS applicant's forms
- Upon receiving the background check results, shall enter or update AMIAS information from FORM ONE, TWO and THREE into Online AFG Records. And shall maintain a secure digital and/or paper file of all records. (WSO reviews information online and communicates certification to the AAPP by email.)
- Informs AMIAS Applicant of their World Service Office ID number
- Stores all information of all applicants in a secure locked unit, and/or a password protected digital folder
- Shreds paper or deletes digital Records six months after a member leaves service as an AMIAS
- Processes renewal of AMIAS service each year
- Emails active Alateen Groups with reminders about Annual Alateen Group Update forms
- Process forms of new Alateen Group Registrations and Annual Alateen Group Updates and maintains a secure paper and/or digital record of Group Form and shreds/deletes previous record

**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 your group's Current Mailing Address (CMA) member and following the conversations about being an AMIAS, the applicant will ask the CMA to sign FORM ONE (Agreement and Signature).

**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 another DR, the Area Alateen Coordinator, or any Area Officer and following the conversation the Applicant shall ask that trusted servant to sign FORM ONE (Agreement and Signature).

**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 <https://ohioal-anon.org/> on the Documents page.

**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**

<b>PLEASE PRINT</b>	
<b>AMIAS First &amp; Last Name</b>	
<hr/>	
<b>Street Address</b>	
<hr/>	
<b>City, State / Providence</b>	
<hr/>	
<b>Zip Code</b>	
<hr/>	
<b>Home Phone</b>	<b>Mobile Phone</b>
<hr/>	<hr/>
<b>Email</b>	
<hr/>	
<p><b>I am in compliance with my Area's Safety and Behavioral requirements and agree to abide by them.</b></p>	
<hr/>	
<b>Signature: AMIAS Applicant</b>	<b>Date</b>

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

**SEND THE ORIGINAL of Form One, Two & Three to the Area Alateen Process Person (AAPP)**

<b>AAPP USE ONLY:</b>		
<p><b>To the best of my knowledge, the above AI-Anon applicant meets the Area's Safety and Behavioral requirements.</b></p>		
		<b>044</b>
<b>Signature: Area Alateen Process Person (AAPP)</b>	<b>Area #</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>
<b>AAPP - Print Name</b>	<b>AAPP WSO Assigned ID Number</b>	
<p><b>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.</b></p>		

**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 Group ID #</b>

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

---

<b>Group Representative for AMIAS Applicant Home Group Signature</b>	<b>Date</b>
--	-------------

**“I have talked with the AMIAS Applicant.”**

---

<b>District Representative Signature</b>	<b>District #</b>	<b>Date</b>
--	-------------------	-------------

Form Two

### AI-Anon Member Involved In Alateen Service

*It is required that this form be completed by all AI-Anon Members Involved in Alateen Service.*

**(Please Print)**

First & Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile 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 AI-Anon member applicant meets the Area's Safety and Behavioral requirements.*

Area Alateen Process Person's Signature	044 Area #	Date
_____	_____	_____

**AAPP Please Print Name**

Here: \_\_\_\_\_ *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.*

**AAPP WSO Assigned ID Number** \_\_\_\_\_

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

Home Group 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.)

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

**Send the original FORM ONE and FORM TWO to the Area Alateen Process Person.**

**Form Three**

On \_\_\_\_\_ (date) , I completed my background check and the results are being sent to the Area Alateen Process Person.

Signed: \_\_\_\_\_