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- Informs member of AMIAS certification once processed by AFG Records at the World Service Office.
- Stores all information of all applicants in a secure locked unit, and / or a password protected digital folder.
- Shreds paper or deletes digital Records that are older than 6 years, for Active or Inactive AMIAS.
- Processes recertification of AMIAS each year.
- Emails active Alateen Groups with reminders about Annual Alateen Group Update forms.
- Processes 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 their 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 another DR, the Area Alateen Coordinator, or any Area Officer and following the conversation the Applicant shall ask that trusted servant to sign their FORM.

ASBR Creation and Review

June 16, 2023 through July 30, 2024: Creation and revisions

August 9, 2024: Final review and approved by Ohio legal counsel (see the AAPP paper/digital records for the counsel's information)

August 10, 2024: Acceptance at AWSC

October 12, 2024: Acceptance at Area 44 Ohio Assembly

December 12, 2024: WSO approval

Al-Anon Family Groups of Ohio, Inc. AMIAS Certification/Recertification 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) and include a copy of your state ID or valid driver's license.

| | Initial in this column | Please certify your agreement/ compliance by initialing to the left of each statement. I agree to the AFG Ohio Inc. Alateen Safety and Behavioral Requirements listed below and certify that: |
|----|------------------------|---|
| 1 | | I am at least 21 years old. |
| 2 | | I have been active in my Al-Anon program for at least two (2) years in addition to any time spent in Alateen (or in AA) |
| 3 | | I am an Al-Anon member regularly attending Al-Anon meetings (additional to Alateen meetings) |
| 4 | | I understand there must be at least one AMIAS present at every Alateen meeting; TWO are recommended. I understand that only an AMIAS can serve as an Alateen Group Sponsor. When there are no certified AMIAS available, the Alateens are welcome to attend an Al-Anon meeting. |
| 5 | | I understand that Alateen Group Sponsors do not serve as personal Sponsors to individual Alateens. Alateen members are encouraged to sponsor each other in a peer-to-peer relationship. |
| 6 | | I agree to never engage in inappropriate behavior, including overt or covert sexual interaction/ harassment, whether consensual or not, with an Alateen member. I clearly understand that overt and covert sexual interactions or romantic relationships between an Alateen member, even those of legal age, and AMIAS are strictly prohibited. |
| 7 | | I have not been charged with any inappropriate overt or covert sexual behavior. |
| 8 | | I have not been charged with child abuse. |
| 9 | | I have not been convicted of a felony. |
| 10 | | I have not demonstrated mental / emotional problems that could result in harm to Alateen members. |
| 11 | | I agree to conduct myself in accordance with applicable Ohio laws. |
| 12 | | I agree to participate in training offered by AFG Ohio Inc. and/or District which will give me tools to be an AMIAS and take steps to ensure the safety of Alateens and of myself. |
| 13 | | I understand that Al-Anon members who are also members of Alcoholics Anonymous may be certified as an AMIAS by virtue of his or her Al-Anon membership and will keep the focus on the Al-Anon program. |
| 14 | | I understand that if I am transporting an Alateen, the custodial parent/legal guardian must have completed the AFG Ohio Inc.'s "Information, Permission and Medical Forms" for Travel and Medical Release Including Authorization and Consent for Emergency Medical Treatment of a Minor. The Medical Release Form must be notarized. I must keep this form in my possession at all times when transporting the Alateen or during an event. |
| 15 | | If asked by AFG Ohio Inc., or its designee, to suspend or resign my position as a certified AMIAS, I shall consider the safety of the Alateens and shall resign. |
| 16 | | I agree and acknowledge that Fingerprint Retention will be maintained by the State of Ohio and the AAPP will retain AMIAS application forms and FBI Background report for six years from the last year of service. |

Signature: AMIAS Applicant

Print Name

Date

Name of AMIAS Applicant Home Group

Day-Time-City-District #

WSO Group ID #

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

A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID IS REQUIRED ONCE FOR APPLICANT

I have enclosed a copy of my ☐ **State ID or** ☐ **Driver's License** (Please check one)

Send the completed ORIGINAL of Form One, Two & Three to the Area Alateen Process Person (AAPP)

FORM TWO: Al-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

Email

Home Phone

Mobile Phone

I am in compliance with my Area's Safety and Behavioral requirements and agree to abide by them.

Signature: AMIAS Applicant

Date

"This person is known to me and, to the best of my knowledge, these statements are true on Forms 1-3."

Signature: Group Representative for AMIAS Applicant Home Group Date

GR - Print Name

Phone Number

"I have talked with the AMIAS Applicant and, to the best of my knowledge, these statements are true on Forms 1-3."

Signature: District Representative

District #

Date

DR - Print Name

Phone Number

FORM THREE: FBI Background Check with Fingerprinting

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

"Applicant has been informed and understands that applicant might be required to provide a set of impressions of applicant's fingerprints and a criminal records check might be conducted with respect to the applicant by the organization at any time."

Required for NEW APPLICANTS and every 5 years for recertifying AMIAS.

Signature: AMIAS Applicant

When getting fingerprints, use FBI Reason Code: *NCPA/VCA*

AAPP USE ONLY:

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

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 Al-Anon Member Involved in Alateen Service has met the Area's Safety and Behavioral Requirements and has agreed to abide by them.