

APPLICATION FOR AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS)

This information will only be used in accordance with the AFG Florida South AMIAS Applicant process.

PLEASE PRINT LEGIBLY USING BLUE INK

SECTION 1: To be completed by the AMIAS Applicant.

Date electronic fingerprints were taken: _____
Month/Day/Year

VECHS #V13040319 Transaction Control Number (TCN) _____

A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID IS REQUIRED FOR THIS APPLICATION. Indicate which form of ID you are submitting:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Military ID |

Valid Government-Issued Photo ID # _____

Full Name and Address (as stated on your ID above.)

First _____ Middle _____ Last _____

Nickname, if any: _____

Street _____

City _____ State _____ Zip Code _____

Phone: (home) _____ (cell) _____

E-mail: _____

If your Florida address, phone or e-mail is different than what is on your valid Government-Issued Photo ID, please provide information below:

Street _____

City _____ State _____ Zip Code _____

Phone: (home) _____ (cell) _____

E-mail: _____

AFG Florida South

Alateen Safety and Behavioral Requirements for Al-Anon Member Involved in Alateen Service (AMIAS)

Initial in this column ↓	Please certify your agreement / compliance by initialing to the left of each statement. <i>I agree to the AFG Florida South Alateen Safety and Behavioral Requirements listed below and certify that:</i>
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.
3	I regularly attend Al-Anon 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 Florida laws, including the Florida Statute which requires reporting of allegations of abuse. This is defined as " any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. " (Child is defined as under 18 years of age.)
12	I agree to participate in training offered by AFG Florida South 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, in accordance with AFG Florida South's Alateen Safety and Behavioral Requirements.
14	I understand that if I am transporting an Alateen, the parent or legal guardian must have completed and <u>notarized</u> the AFG Florida South's "Travel and Medical Release Including Authorization and Consent for Emergency Medical Treatment of a Minor" form. I must keep this form in my possession at all times when transporting the Alateen or during an event.
15	If asked by AFG Florida South, 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 that AFG Florida South's Area Alateen Process Person (AAPP) will verify the information I have provided, including but not limited to state and national background checks, and that the FDLE will retain and continue to monitor my fingerprints on file as part of the Applicant Fingerprint Retention Notification Program (AFRNP).

If you are new to AFG Florida South, please tell us where you attended Al-Anon before.

My home group name was _____

located in _____

(City, State, Zip Code)

If you have prior experience as an Al-Anon Member Involved in Alateen Service (AMIAS), please tell us:

Total years as an AMIAS _____ AMIAS WSO Certification # _____

I have, according to the instructions:

- Completed Section 1 of this Application
- Completed the form "Al-Anon Member Involved in Alateen Service" found on the 5th page of this packet
- Completed and signed the FDLE Form B Private Schools Waiver Agreement and Statement
- Attached a copy of my valid Government-Issued Photo ID
- I HAVE READ, UNDERSTAND, INITIALED AND AM IN COMPLIANCE WITH AFG FLORIDA SOUTH'S "ALATEEN SAFETY AND BEHAVIORIAL REQUIREMENTS", AND I AGREE TO ABIDE BY THEM.

AMIAS Applicant Name (print): _____

Signature _____ Date _____

SECTION 2: To be completed by the **Group Representative or a Group Member** of your regularly attended Al-Anon group.

This Al-Anon member, _____, who is applying for certification as an Al-Anon
(insert full name)

Member Involved in Alateen Service (AMIAS), regularly attends my Al-Anon group.

Al-Anon Group Name: _____ Group City: _____

- I am a GR of this group.
- I am not the GR, but I am a member of this group.

Name of GR or group member: (print) _____

Signature: _____ Date: _____

Phone: (home) _____ (cell) _____

E-mail: _____

SECTION 3: To be completed by the **District Representative (DR), Alternate DR or Area Alateen Coordinator.**
Concurrence by the DR, Alternate DR or Area Alateen Coordinator means the following:

- I have reviewed this Application and have found it to be completed in its entirety by the AMIAS Applicant including ALL ITEMS REQUIRING INITIALS AND SIGNATURE.
- I have viewed a copy of the AMIAS Applicant’s valid Government-Issued Photo ID and it is attached.
- I have verified Section 2 is complete.
- I have verified that FDLE Form B – Private Schools Waiver Agreement and Statement is completed and signed.

District # _____

- I am District Representative (DR)
- I am the Alternate DR
- I am the Area Alateen Coordinator

Name: (print) _____

Signature: _____ Date: _____

Phone: (home) _____ (cell) _____

Email: _____

Al-Anon Member Involved In Alateen Service

*It is required that this form be completed by all Al-Anon members involved in service to Alateen.
(Please Print)*

First & Last Name:

Street Address:

City, State/Province:

Zip/Postal Code

Phone:

e-mail:

District

I am in compliance with my area's safety and behavioral requirements and agree to abide by them.

Signature Date

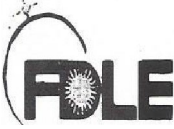
To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.

Authorized Area Signature Area # Date
Please Print Name Below:

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:



Form B
 Florida Department of Law Enforcement
 Criminal Justice Information Services Division/User Services Bureau

**PRIVATE SCHOOLS
 WAIVER AGREEMENT AND STATEMENT
 Volunteer & Employee Criminal History System (VECHS)**
 for Criminal History Record Checks
 under the National Child Protection Act of 1993, as amended,
 and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize Al-Anon Family Groups Florida South Area 10 to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I understand that a copy of the criminal history background report you receive on me will be released to the Department of Education
NOT APPLICABLE

A national criminal history background check has previously been requested by: _____

 (Name and Address of Previous Qualified Entity) and Year of Request
 Name and Address of Qualified Entity and Year of Request

I _____ **have been convicted of a crime**

I **have not been convicted of a crime.**

If convicted, describe the crime(s) and the particulars of the convictions in the space below:

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

FDLE Assigned Qualified Entity Number: **V13040319** ORIGINAL • MUST BE RETAINED BY QUALIFIED ENTITY