

Al-Anon Family Groups Florida South (Area 10), Inc. hereafter referred to as AFG Florida South

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.

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:

- ☐ Driver's License
- ☐ Passport
- ☐ State ID
- ☐ 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: _____

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

	Initial in this column	Please certify your agreement / compliance by initialing to the left of each statement. I agree to the AFG Florida South 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.
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 waiver and/or statement Form. This form is found on the Area Website under Alateen.
- 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.**

☐ 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 the FDLE waiver and / or Statement form, as required by FDLE has been signed and is attached.

☐ AMIAS training has been completed by a qualified trainer on _____
(insert date)

District # _____

☐ I am the 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: