

Al-Anon Family Groups of Ohio

Agreement and Signature Page

⇒ **INSTRUCTIONS:** Initial each section and sign this form. The Group Representative from your home group must sign FORM ONE and TWO. Next have the District Representative sign both forms. When completed, send the Agreement and Signature [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.

Signature of AMIAS Applicant	Printed Name of Applicant	Date
Name of AMIAS Applicant’s Home Group	Day – Time – City - District # and WSO ID (If Known)	

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

Group Representative for AMIAS Applicant’s Home Group	Phone Number	Date
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“I have talked with the AMIAS applicant.

DR’s Signature	District Number	Date
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