

**Application Packet for  
Al-Anon Members Involved In Alateen Service**

**Ohio, Area 44**

**Alateen Safety and Behavioral Requirements Policy (ASBR)  
For All Alateen Members and Al-Anon Members Involved in Alateen service  
(AMIAS)**

Area Process, Policies, AMIAS Application Process, and Forms

*Who Must Register Certify?*

Alateen meeting sponsors and those who might Members interested in serving  
an Alateen group as the Group Sponsors, Current Mailing Address (CMA) or  
Phone Contact for the Public and those who might fill in for a sponsor substitute  
in any of these positions.

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 certify

## Table of Contents

Area Process / General Requirements for Area 44 (Ohio)	4
Specific Requirements Meeting the Minimum Safety and Behavioral Requirements, from the 2003 Motion	5
ALATEEN GROUP AND AMIAS PROCESSES:	6
Process to Register / Update an Alateen Group / Annual Alateen Group Recertification Sheet	6
Initial AMIAS Certification	6
Annual Recertification of AMIAS	6
Change in AMIAS Certification Status	6
AMIAS Training Workshop	6
Participation in Alateen Meetings	7
Alateen Meetings in Schools or other Institutions	7
KEY POSITIONS	7
Area Alateen Coordinator (AAC) Job Description	7
Area Alateen Process Person (AAPP) Job Description	8
District Representatives Role for Safety & Behavioral Requirements	8
AREA EVENTS WITH ALATEEN PARTICIPATION	8
Area World Service Committee / Area Assembly / Districts	9
Alateen Age Range	9
Alateen and AMIAS Interactions Before, During and After an Alateen Meeting	9
COMPLAINTS OR ALLEGATIONS	9
Process to Confidentially REPORT A NON-ABUSE Complaint or Allegation Regarding an AMIAS	10
Process to Confidentially RESOLVE A NON-ABUSE Complaint or Allegation Regarding an AMIAS	11
Process to Confidentially APPEAL the Area Decision to Inactivate AMIAS Status	12
Process to Confidentially REPORT AN ABUSE Complaint or Allegation Regarding an AMIAS	13
Travel and Medical Release (custodial parent consent) permission forms (4)	14
APPLICATION PACKET for AI-Anon Members Involved In Alateen Service (AMIAS)	18
Description Certification of AI-Anon Members Involved in Alateen Service (AMIAS)	19
Alateen Policy and Guidelines	19
Does an AMIAS need to renew certification each year?	19
Who needs to have an FBI background check with fingerprinting?	19
Where does an AMIAS have their background check with fingerprinting completed?	19
How is the background check funded	19
Who stores the records?	19
Where are the records stored?	19

Who has access to the AMIAS Forms? ..... 20

How long are records / forms kept? ..... 20

How are records / forms disposed of? ..... 20

How often does an AMIAS need to have their FBI background check with fingerprinting renewed? ..... 20

Who does the AMIAS applicant need to talk to before beginning the application process? ..... 20

What forms are included in the application process? ..... 20

Where can an AMIAS Applicant find the Application Packet? ..... 20

What are the responsibilities of trusted servants **for the AMIAS Certification Process**? ..... 21

What if your home group does not have a Group Representative? ..... 22

What if the District does not currently have a District Representative? ..... 22

Forms for the AMIAS application process ..... 23

## **Area Process / General Requirements for Area 44 (Ohio)**

All districts and groups in Area 44 will follow these Alateen Safety and Behavioral Requirements (ASBR) set forth in this document and will recognize that these requirements apply to all Alateen meetings, Alateen events, Al-Anon events and AA events with Al-Anon / Alateen participation.

These requirements extend to any behavior before, during and after any Alateen meeting or Alateen activity; including transportation of Alateens to and from Alateen meetings, Al-Anon and AA events with Alateen participation for which Al-Anon members are sponsoring or volunteering for service.

In cases where Alateen members are being transported or chaperoned by adults other than their legal guardians, a notarized Travel and Medical Release (custodial parental consent) permission form will be required. These are single-use documents and must be resubmitted for each instance. The form also includes medical information. This form is required for all events with Alateen participation.

The Area 44 Alateen Safety and Behavioral requirements prevent any overt and / or covert sexual interaction, including any intimidation or other threatening behavior between any adult and an Alateen member. These Requirements prohibit conduct contrary to applicable laws.

There must be one Al-Anon Member Involved in Alateen Service (AMIAS) present at every Alateen meeting and two are recommended. If no AMIAS is available, the Alateen meeting cannot be held, and the Alateens, as young members of Al-Anon, are always welcome to attend the Al-Anon meeting.

The Area Alateen Coordinator (AAC) and the Area Alateen Process Person (AAPP) work with other Al-Anon member volunteers, at various service roles, who are all referred to as trusted servants.

**Specific Requirements Meeting the Minimum Safety and Behavioral Requirements, from the 2003 Motion**

*The Area requirements have been reviewed and approved by Ohio Area legal counsel.*

The Area 44 Requirements to serve as an Al-Anon Member Involved in Alateen Service, detailed below, exceed the minimum requirements which were established in the 2003 motion. Applicants affirm and attest that they meet these requirements.

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. *(Forms are at the end of this document.)*
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. The AAPP will retain AMIAS application forms and FBI Background report for six years from the last year of service.

**ALATEEN GROUP AND AMIAS PROCESSES:****Process to Register / Update an Alateen Group / Annual Alateen Group Recertification Sheet**

The Area Alateen Process Person (AAPP) serves as group records coordinator for all Alateen groups. A new Alateen Group Registration Form is submitted immediately to the AAPP whenever there is a new group; the Alateen Group Change Form is submitted when a change in group status, or whenever an AMIAS linked to the group changes. These forms are in the AAPP community on AFG Connects and can be obtained from the AAPP. The AAPP promptly enters the data into the Online Group Records database, supported by the World Service Office (WSO), assuring that there is a Current Mailing Address (CMA), phone contact for the public for every group, and that the Alateen group sponsor(s) information is correct and that all members are current certified AMIAS.

WSO sends out the Annual Alateen Group Recertification Sheet to all CMA. The CMA confirms or updates any group information and sends the form to the AAPP for processing. The AAPP cannot complete the Area 44 Annual Recertification until all active groups are recertified.

**Initial AMIAS Certification**

All AMIAS will certify using the Area 44 process which includes an application, FBI background check with fingerprinting and completion of required training in the first year. The result of the background check is sent to the Area Alateen Process Person (AAPP). Group Representatives (GR) and District Representatives (DR) are responsible for reviewing and approving the application, and it must be signed by the Group Representatives (GR) and District Representative (DR). Anyone applying or recertifying to be an AMIAS, including Alateen group sponsors, substitute or temporary sponsors, or any other person in Alateen service must adhere to all the Area requirements for serving as an AMIAS. All AMIAS applicants, initially and during recertification must attest and sign agreement to each of the Area Requirements.

**Annual Recertification of AMIAS**

Annual recertification is in conjunction with the WSO Annual Alateen recertification process. FBI background check with fingerprinting are done as part of the initial certification. FBI background check with fingerprinting are repeated every five (5) years.

Annually, the AAPP works with trusted servants to assure that each AMIAS still meets all Area requirements and confirms / updates personal and contact information. The AAPP maintains the accuracy of the information entered into the Online Group Records database and is responsible for the completion of the WSO Annual Alateen recertification process and meeting the established deadline.

**Change in AMIAS Certification Status**

Should an AMIAS status change, during certification or at any other time, the AAPP will update the Online Group Records database, indicating that the AMIAS is inactive, or in rare instances, ineligible (cannot serve at any time).

**AMIAS Training Workshop**

All prospective AI-Anon members interested in serving Alateen are required to become certified AMIAS before interacting with Alateens. Initial training will be held yearly or more often and all new AMIAS are required to attend one. Recertified AMIAS are encouraged to attend once every 3 years.

The Alateen Coordinator will track AMIAS training and submit it to the AAPP.

## **Participation in Alateen Meetings**

One AMIAS is required; two are recommended. Should there be no certified AMIAS available, the Alateens are invited to join the AI-Anon meeting. Certified AMIAS are the only adults who can participate in Alateen meetings, with the occasional exception of Area Trusted Servants who can attend to support the group or help resolve issues.

## **Alateen Meetings in Schools or other Institutions**

Area 44 recognizes that meetings in schools or other institutions are handled differently and there are likely to be additional requirements from the school, county, or state. The Area encourages cooperation and collaboration between the Area and these entities and encourages the Area to use the knowledge and support that the AAPP and the Alateen Coordinator can offer.

## **KEY POSITIONS**

### **Area Alateen Coordinator (AAC) Job Description**

Maintains contact with groups and sponsors in the area, serving needs of sponsors and coordinators by sharing experience through letters or workshops. Encourages GRs and DRs to keep them informed about Alateen activities. Encourage Alateen participation at District and Assembly levels. Improve communication between groups and enhance unity by holding regular meetings with sponsors and Alateen GRs. Arrange meetings at AI-Anon/Alateen conferences and conventions or other area-wide events. (see WSO Guideline G-24)

The Area Alateen Coordinator is required to be a certified AMIAS.

### **Job Specific Responsibilities:**

1. Becomes familiar with the Digest of AI-Anon and Alateen Policies contained in the Service Manual, Alateen Service eManual, and the 2003 Alateen Motion from the Board of Trustees.
2. Serves as a resource to Area and to potential AMIAS regarding the certification and recertification process. Attends and participates in WSO scheduled conferences.
3. The Area Alateen Coordinator is the vital link of communication between the WSO and the Area on matters relating to Alateen and serves as liaison between the Area Assembly and Alateen Conferences.
4. Is familiar with and ensures compliance with the Area's Alateen requirements and processes.
5. Develops a process for sharing information in a timely manner to the Area, AMIAS or Alateens.
6. Updates the AMIAS Training, as needed.
7. Coordinates all Area AMIAS training and maintains a list of attendants at training and supplies to AAPP annually.
8. Works closely with the Area Alateen Process Person (AAPP).
9. AAC is knowledgeable of the Alateen Safety & Behavioral Requirements Policy (ASBR) including the Process to Confidentially Resolve a Complaint or Allegation Regarding an AMIAS. The AAC is a key contact in these processes.
10. Serves as a member of the Area Alateen Safety Committee and the Area Alateen Appeal Committee, when convened.

## **Area Alateen Process Person (AAPP) Job Description**

At the beginning of each Panel, the AAPP is appointed by the Area 44 Chairperson  
The Area Alateen Process Person is required to be a certified AMIAS.

### **Job Specific Responsibilities:**

1. Becomes familiar with the Digest of Al-Anon and Alateen Policies contained in the Service Manual, Alateen Service eManual, and the 2003 Alateen Motion from the Board of Trustees.
2. Conducts Area 44 Annual Recertification, assuring all Area 44 requirements have been met by each AMIAS; advises Area Alateen Coordinator of any change in AMIAS status.
3. Reviews and processes all AMIAS applications in a timely manner (generally within 7 days after receipt of the application, driver's license or government ID, and the background check.)
4. Serves as the link to WSO regarding the status of Alateen groups, AMIAS and any changes in the Area's Alateen processes and procedures.
5. Maintains confidentiality of AMIAS information, records of background checks, both paper and electronic. Maintains paperwork in locked secure file boxes pursuant to Area, and state requirements. Retains all records for six years.
6. The AAPP acts as the Area 44 Alateen Group Records Coordinator, keeping the Online Group Records. Effectively communicates any group record or AMIAS status changes to the Alateen Coordinator.
7. Works closely with the Area Alateen Coordinator.
8. Is knowledgeable of the Process to Confidentially Resolve a Complaint or Allegation Regarding an AMIAS. Chairs the Area Alateen Safety Committee and the Area Alateen Appeal Committee, if convened.
9. Serves as a resource to Area and to potential AMIAS regarding the certification and recertification process. Attends and participates in WSO scheduled conferences.

### **District Representatives Role for Safety & Behavioral Requirements**

1. District Representatives (DR) are responsible for discussing the ASBR with AMIAS applicants, and signing AMIAS applicant or AMIAS recertification forms.
2. DR is knowledgeable of the ASBR including the Process to Confidentially Resolve a Complaint or Allegation Regarding an AMIAS. The DR is a key contact in these processes.

### **AREA EVENTS WITH ALATEEN PARTICIPATION**

All Area 44 events, including but not limited to Assemblies, Area World Service Committee (AWSC) meetings, Area Conventions, Area Alateen Conferences, and Area Service Seminars must adhere to these Area 44 Alateen Safety and Behavioral Requirements and the Al-Anon Guidelines for specific events, such as *Alateen Conferences (G-16)* and the *Alateen Safety Guideline (G-34)*. This also applies if there is an Al-Anon/Alateen component in an A.A. Convention or event. All guidelines are available on [al-anon.org](http://al-anon.org).

The Alateen Conference must be connected to the Area in which it is held. KOMIAC (Kentucky, Ohio, Michigan, Indiana Alateen Conference) allows Alateens who are 12 to 20 years old. Should there be multi-Area events of any kind, the Safety and Behavior Requirements of the hosting Area will prevail. However, a young person must have had participation in an actual Alateen group before participating in an Alateen Conference. All Al-Anon members taking Alateens to conferences or other Alateen events within or outside of the Area must be currently AMIAS certified.

The Alateen Coordinator serves as the contact person between the event and Area 44. Only certified AMIAS can interact with, or be responsible for, an Alateen during the event.



Event behavioral guidelines apply to all Alateens, even those who are legally adults. The plan for all events must ensure that Alateens are always in the care of AMIAS during the event. All events attended by Alateens, when their parents are not attending with them, require the Area 44 form titled "Travel and Medical Release Including Authorization and Consent for Emergency Treatment of a Minor." It must be notarized and available during the event.

### **Area World Service Committee / Area Assembly / Districts**

The AWSC consists primarily of Area 44 Officers, District Representatives (DRs) Al-Anon Information Service Liaisons (AISLs) Coordinators, and Standing Committee Chairs. It is responsible for continued compliance with the 2003 Alateen Motion from the Board of Trustees which was affirmed by the 2004 World Service Conference. Group Representatives are kept informed of the ASBR through the Area Alateen Coordinator as well as by using the Area Website where all pertinent Alateen related resources, policies and guidelines are posted.

### **Alateen Age Range**

Alateens are young members of the Al-Anon fellowship. As the name implies, Alateen was originally designed for members in their teens. In recent years, however, it is recognized that there are younger children who are ready for Alateen. Any young person who attends Alateen should be able to participate in a shared learning experience. Neither the Alateen Group Sponsors nor the older teens in attendance should be teaching or babysitting the younger children. Each group decides for itself whether to lower the age of admission below the teen years.

Members in their teens who are legally adults (age 18) agree to abide by the same requirements as minor Alateens when they attend Alateen meetings and events. Alateen members in 18-20 years are encouraged to attend Al-Anon meetings while still attending Alateen, to assure a smooth transition.

### **Alateen and AMIAS Interactions Before, During and After an Alateen Meeting**

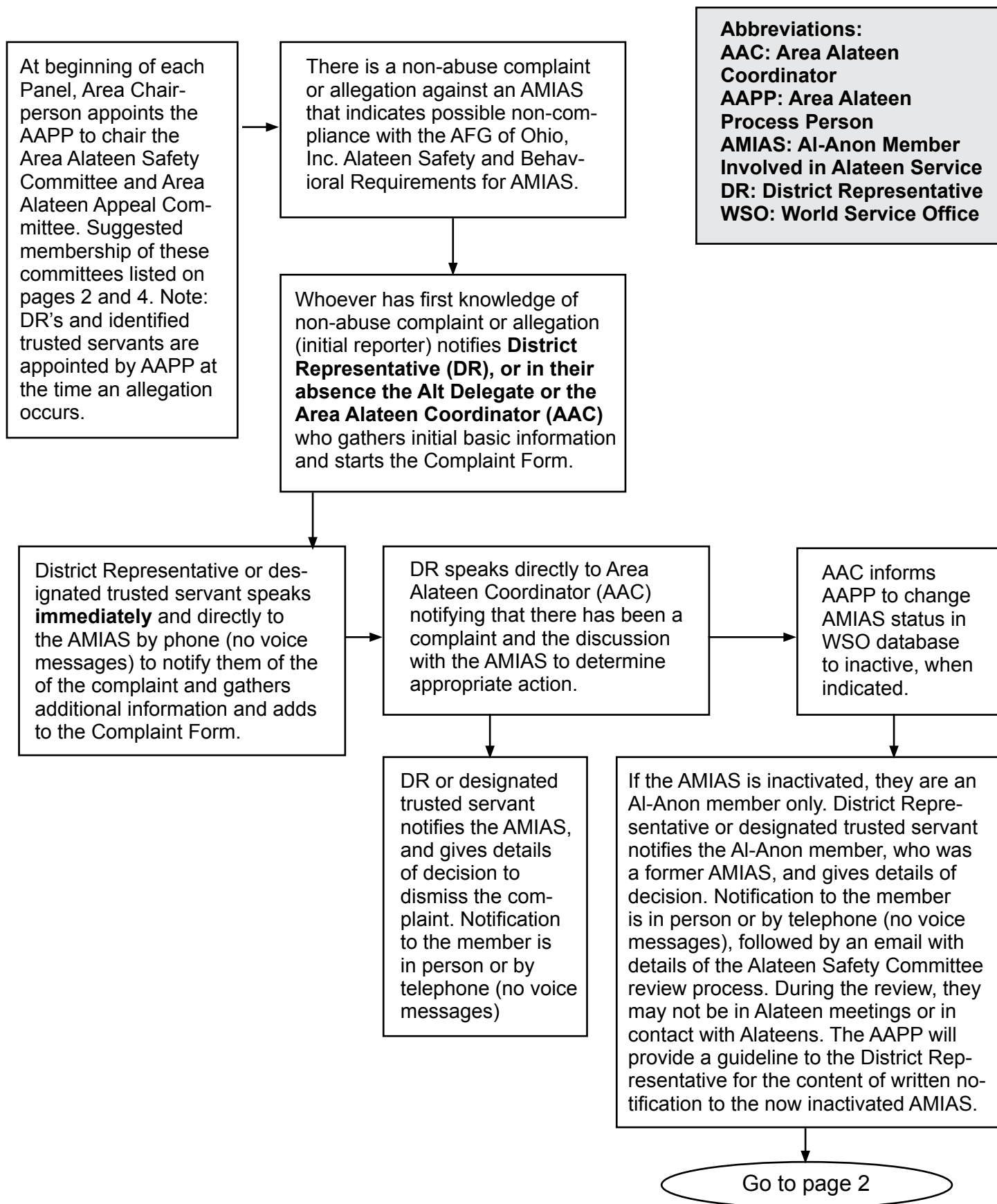
Alateen Group Sponsors are responsible for reviewing the guidelines with their Alateens from *Alateen Safety Guidelines (G-34)*.

### **COMPLAINTS OR ALLEGATIONS**

All AMIAS and Alateen members must adhere to these Safety and Behavioral Requirements. Any allegation of failure to do so will be investigated. It is possible that the AMIAS or Alateen may be prohibited from participating in Alateen at any future time.

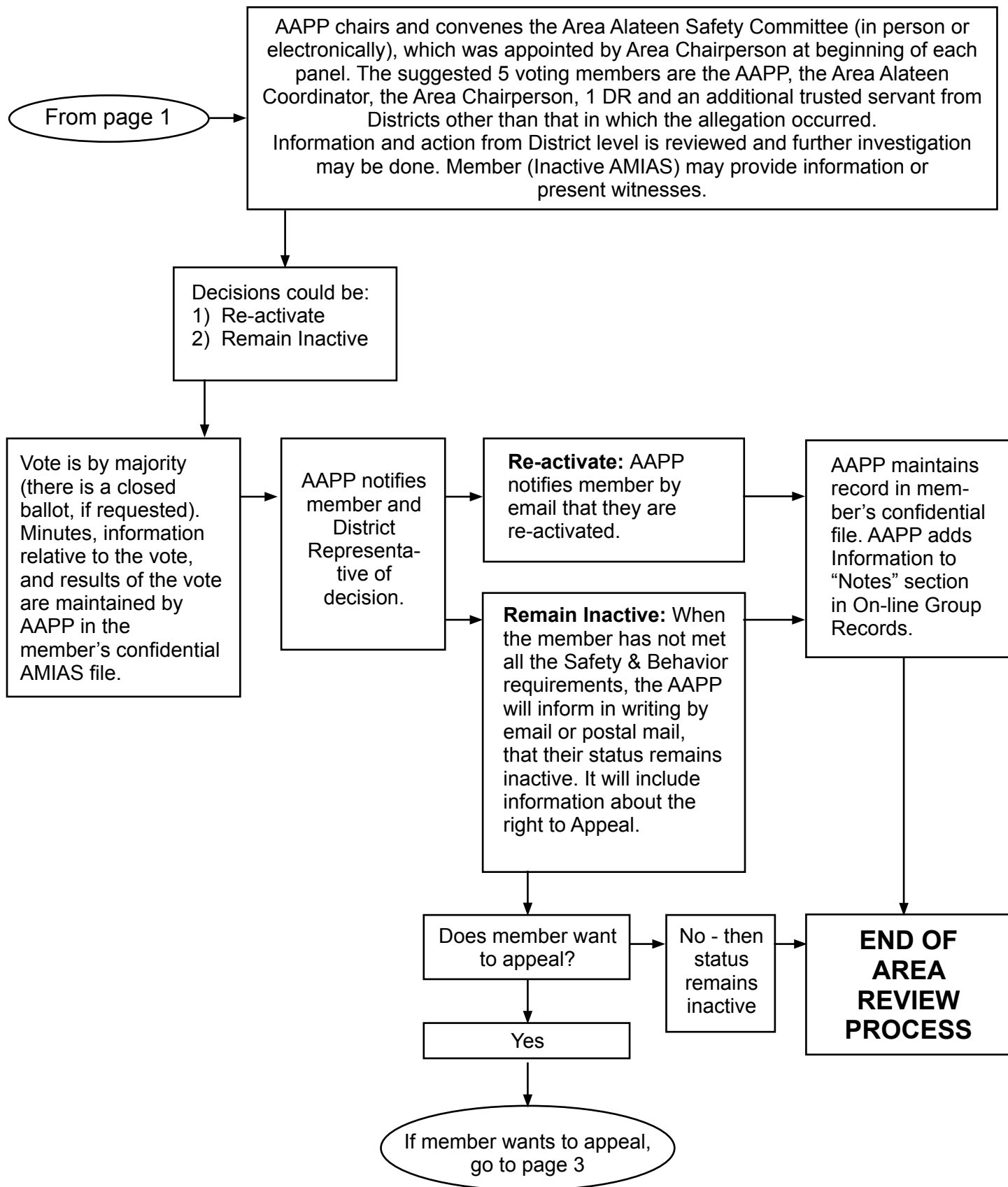
The Area "Process to Confidentially Resolve a Complaint or Allegation," includes the steps to resolve a complaint of abuse as well as a complaint of any behavior that violates the Area 44 ASBR. The process assures that the complaint is investigated as soon as possible and the accused AMIAS is inactivated if appropriate. There are standing committees in the process to investigate the complaint as well as an appeal process. See the Process charts on following pages.

**Process to Confidentially REPORT A NON-ABUSE Complaint or Allegation Regarding an AMIAS**  
 (Process chart page 1)

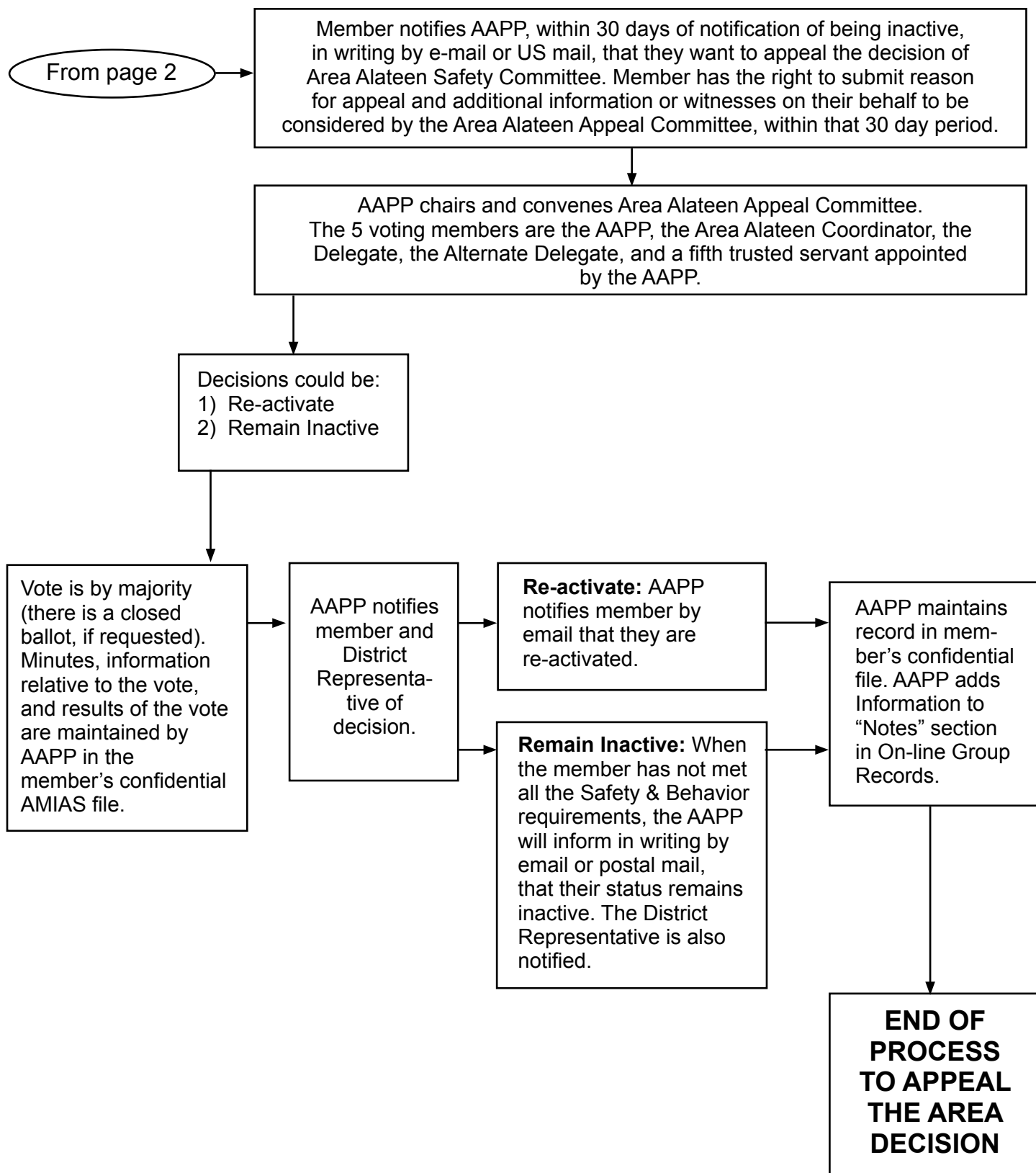


**Abbreviations:**  
**AAC:** Area Alateen Coordinator  
**AAPP:** Area Alateen Process Person  
**AMIAS:** AI-Anon Member Involved in Alateen Service  
**DR:** District Representative  
**WSO:** World Service Office

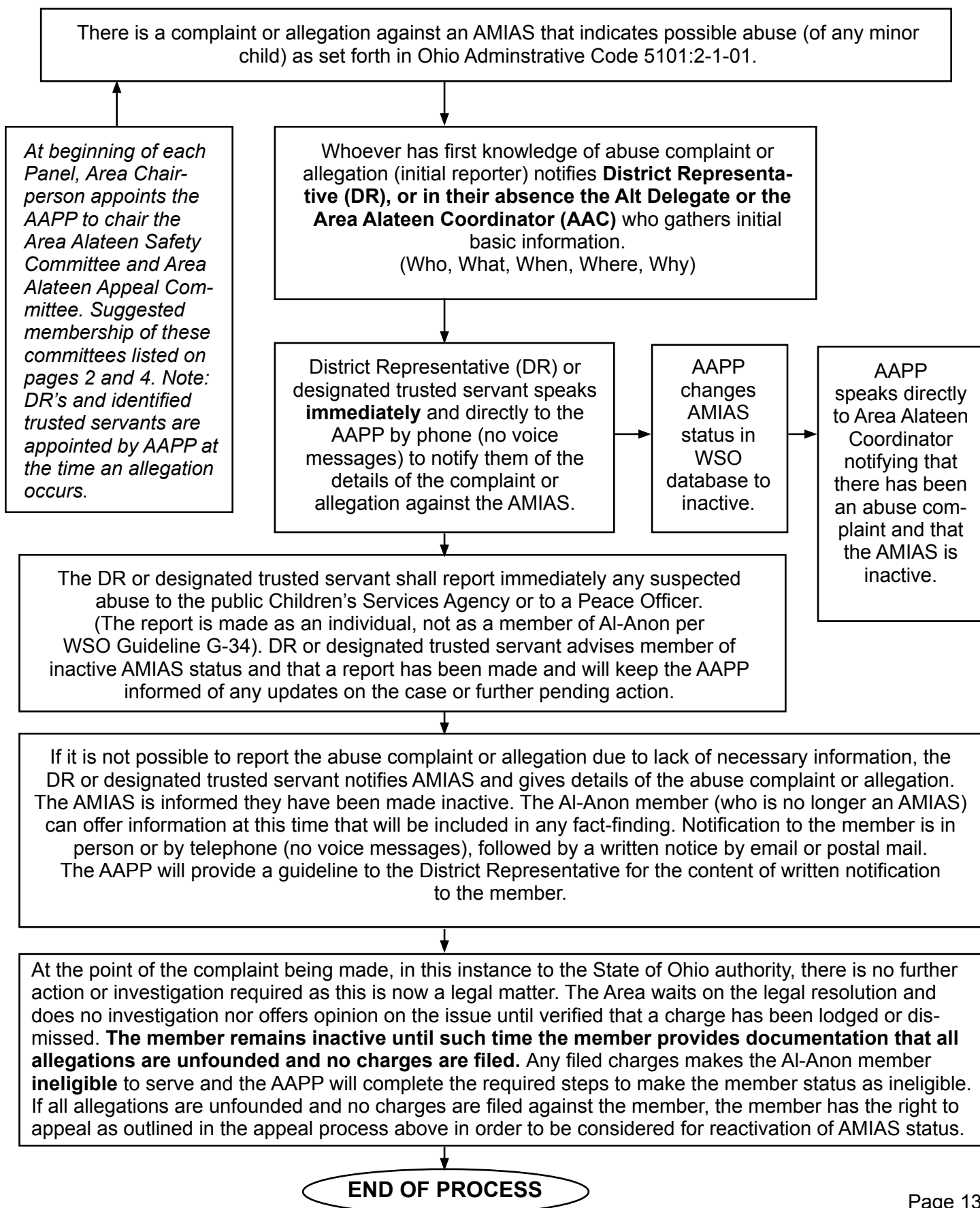
**Process to Confidentially RESOLVE A NON-ABUSE Complaint or Allegation Regarding an AMIAS**  
 (Process chart page 2)



**Process to Confidentially APPEAL the Area Decision to Inactivate AMIAS Status**  
 (Process chart page 3)



**Process to Confidentially REPORT AN ABUSE Complaint or Allegation Regarding an AMIAS**  
 (Process chart page 4)



# FORM A: INFORMATION AND PERMISSION FORM

page 1 of 2

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

## THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMAS ESCORT: Keep the original copy of this form in your possession for the duration of time the Alateen member is in your charge.

### ALATEEN MEMBER'S INFORMATION

First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

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

Phone Number: (     ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### SPONSOR/ADULT ESCORT INFORMATION

First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

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

Phone Number: (     ) \_\_\_\_\_

### EVENT INFORMATION

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Phone Number of Location: (     ) \_\_\_\_\_

Date & Time & Place of Departure: \_\_\_\_\_

Date & Time & Place of Return: \_\_\_\_\_

Mode of Transportation : \_\_\_\_\_  
(include make, model, year of vehicle & license plate number)

**FORM A: INFORMATION AND PERMISSION FORM**

page 2 of 2

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

**CUSTODIAL PARENT/GUARDIAN INFORMATION**

First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

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

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

During this event, I can be reached at: ( ) \_\_\_\_\_

**NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN**

First, Last Name &amp; Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

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

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**HOLD HARMLESS STATEMENT**

As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

\_\_\_\_\_ (insert name and WSO registration number (if known) of group, district, Al-Anon Information Service office, and/or Area)

or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL PERMISSION** (to be signed in the presence of the Sponsor/AMIAS escort)

I, \_\_\_\_\_ hereby grant permission to \_\_\_\_\_ to travel to and  
(Parent/Guardian Name) (Alateen member name)

from and to participate in \_\_\_\_\_ under the supervision of  
(Event Name)

\_\_\_\_\_ on \_\_\_\_\_  
(Sponsor/AMIAS escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM B: MEDICAL FORM**

page 1 of 2

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

**AUTHORIZATION TO OBTAIN MEDICAL CARE**

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely and bear the original notary seal.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out and notarized.

**DISEASES/MEDICAL CONDITIONS**

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ has (had) the following diseases or problems:

Heart Trouble \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_  
 Stomach Ulcers \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 High Blood Pressure \_\_\_\_\_  
 Low Blood Pressure \_\_\_\_\_  
 Epilepsy \_\_\_\_\_  
 Liver Trouble (Hepatitis) \_\_\_\_\_  
 Fainting spells or Seizures \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Hives \_\_\_\_\_  
 Other (Please describe) \_\_\_\_\_  
 \_\_\_\_\_

**ALLERGIES**

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ has had allergic reaction from the following:

(please check):  
 Penicillin \_\_\_\_\_  
 Local Anesthetics \_\_\_\_\_  
 Aspirin \_\_\_\_\_  
 Sulphur Drugs \_\_\_\_\_  
 Sedatives \_\_\_\_\_  
 Bee Stings/Insect Bites \_\_\_\_\_  
 Pollens \_\_\_\_\_  
 Foods (please list) \_\_\_\_\_  
 Other (Please Describe) \_\_\_\_\_

**CURRENT MEDICATIONS**

Please list all prescriptions & over-the-counter drugs. These medications MUST be in their original container(s) with labels firmly in place.

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ is currently using the following medications:

\_\_\_\_\_  
 \_\_\_\_\_

**OTHER CONDITIONS OR PROBLEMS**

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ has the following condition or problems not listed above that you should know about: (please explain)

\_\_\_\_\_  
 \_\_\_\_\_



**FORM B: MEDICAL FORM**

page 2 of 2

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

**MEDICAL INSURANCE INFORMATION**

You must provide medical insurance information in the space below.

**For the US:**

Name of Insurance Co. \_\_\_\_\_

Employer Name \_\_\_\_\_

Employee Name and Social Security Number \_\_\_\_\_

Group ID Number \_\_\_\_\_

(or attach a medical coupon if covered by Medicaid)

**For Canada:**

Health Card or Medi-Number \_\_\_\_\_

**NOTARY STATEMENT**

Form B, Authorization to Obtain Medical Care, is not valid without a signed and sealed Notary Statement.

State/Province of \_\_\_\_\_

County of \_\_\_\_\_

(Sponsor/Escort/Responsible Party Name) \_\_\_\_\_ is authorized upon  
my signature below to obtain any medical care necessary for the duration of the above stated function on behalf of  
(Participant's Name) \_\_\_\_\_  
who is (state relationship - self, son, daughter) my \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature - if 18 or over)

\_\_\_\_\_  
(Signature of Parent or Guardian, if under 18)

Before me, the above signed authority, on this day personally appeared \_\_\_\_\_, to me known and known by me to be the person who signed the above authorization, and acknowledged to me that (s)he executed the same for the purpose therein stated.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**NOTARY PUBLIC**

My Commission Expires:

Seal:

# APPLICATION PACKET

## for Al-Anon Members Involved In Alateen Service (AMIAS)

### Al-Anon Member Involved In Alateen Service AMIAS 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 Ohio, Area 44 Alateen Safety and Behavioral Requirements Policy (ASBR) and Application Packet.
- \_\_\_\_\_ 2. Talk with your GR and 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. Make a copy of your state ID or valid driver's license. (You only need to submit this once and it will be maintained with your record, this is not required annually.)
- \_\_\_\_\_ 6. Send (mail or email) completed Agreement and Signature sheet (Form One), Al-Anon Member Involved in Alateen Service (Form Two) Certification Form (Form Two), and FBI Background Check with Fingerprinting (Form Three) the page saying background check has been completed and will be sent to the Area Alateen Process (AAPP). ~~(Form Three)~~. Include a copy of your state ID or valid driver's license. See optional Electronic Signature Certification procedure, if you want to submit by this method. {See the Area's AWSC Contact List for the Contact information of the AAPP or email questions to [aapp@ohioal-anon.org](mailto:aapp@ohioal-anon.org).}
- \_\_\_\_\_ 7. 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.} Store your WSO number in a safe place for future reference. The AAPP will notify the AMIAS of their completion of the certification process.
- \_\_\_\_\_ 8. Have fun with your new service position.

## **Description Certification of Al-Anon Members Involved in Alateen Service (AMIAS)**

A description and an AMIAS purpose of certification for Alateen is in the Al-Anon / Alateen Service Manual (P-24-27) in the Policy for 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 Policy for 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/> under the "Manuals and Guidelines" in the Member Resources tab of the Members menu at [www.al-anon.org](http://www.al-anon.org).

### **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 an 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?**

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

### **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.

### **Who stores the records?**

The AAPP shall store all AMIAS records.

### **Where are the records stored?**

The AAPP takes privacy very seriously. The AAPP shall store all AMIAS records and obtained information in a secure, locked unit, or a password protected digital folder. They must not share the key or passwords with anyone else. 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. **Co-AAPP or Delegate reviews AAPP's forms annually.**

## How long are records / forms kept?

Records shall be kept as long as the AMIAS is active in Alateen service **and retained for 6 years.**

## How are records / forms disposed of?

**Paper and Digital** Records **of Active or Inactive AMIAS, that are older than 6 years,** shall be shredded **or deleted electronically** 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, **there are alternate people to contact listed in the Trusted Servant section.** The AMIAS applicant **can also** 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
- **FBI Background Check with Fingerprinting** **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 Al-Anon Family Groups of Ohio, Inc., and **on** the ~~for~~ AFG of Ohio **website** <https://ohioal-anon.org/>.

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 **of** the final signed document to all the signers. **If the applicant needs an FBI background check, the AAPP needs to receive the FBI report before the AAPP**

will sign your certification. A copy of the applicant's state ID or valid driver's license must to be received by the AAPP (or be on file with the AAPP) before the Applicant forms can be processed.

### What are the responsibilities of trusted servants **for the AMIAS Certification Process**?

#### 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, and (one time only) a copy of driver's license or state ID, to the Area Alateen Process Person (AAPP).
- NOTE: If the applicant is the GR, you should have another Group officer or someone from your home group to sign your form. Or if you are the DR, you should have another DR, the Area Alateen Coordinator or Ohio Officer sign in the DR signature area – two separate people need to confirm the applicant and sign your form.
- Has FBI background report sent directly to 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*) include:
  - How long has the applicant been coming to the home group have you known this person?
  - Do they work a program? "Why do you want to serve Alateen?"
  - Would you trust them with your children?
  - Do you feel they you are ready to take on AMIAS service work?
- Reads all 3 Forms and signs the Agreement and Signature Applicant's AMIAS 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*) include:
  - How long have you been in Al-Anon?
  - Are you at least 21 years old?
  - 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?
  - What kind of commitment are you interested?
  - Have you attended an Alateen Group Sponsor and AMIAS training workshop? If not, when do you plan on attending one?
  - 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 welcoming to all teens and treat all teens equally? open minded about teens lifestyle choices when it comes to the LGBTQI community?
- Reads all 3 Forms and signs the Applicant's Agreement and Signature AMIAS FORM ONE.

**In the Absence of a DR, the Area Alateen Coordinator or Ohio Officer:**

- Talks with the AMIAS Applicant.
- Signs Applicant's AMIAS FORM ONE for applicants in DR signature area

**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 and a copy of applicant's state ID or valid driver's license
- Upon receiving the background check results, shall enter or update AMIAS information from FORM ONE, TWO and THREE into Online AFG Records Group Records Database. 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~~ 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. ~~six months a member leaves service as an AMIAS..~~
- Processes renewal recertification 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 their 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 their FORM ONE (Agreement and Signature).

**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) and include a copy of your state ID or valid driver's license.

	Initial in this column	<b>Please certify your agreement/ compliance by initialing to the left of each statement.</b> 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 <b>overt or covert</b> 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 <b>State of Ohio</b> and the AAPP will retain <b>AMIAS application forms and</b> 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**  **Renewal** (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)  
Page 23

**FORM TWO: AI-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/VA**

**AAPP USE ONLY:** To the best of my knowledge, the above AI-Anon applicant meets the Area's Safety and Behavioral requirements.

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