

**Minnesota South Area Al-Anon Member Involved in Alateen Service (AMIAS) 2022  
Recertification Form**

Thank you for your commitment to serve Alateens in Minnesota South Area! Our Alateen Safety & Behavioral Policy requires that each AMIAS provide references and certify themselves active in Al-Anon each year. Please complete and sign this form then send it to the Area Alateen Process Person (AAPP) so that you may be recertified as an AMIAS in good standing with our World Service Office.

Name: \_\_\_\_\_ District #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Dates of 2021 or 2022 AMIAS training workshops I attended: \_\_\_\_\_

**Yes** \_\_\_\_\_ I wish to continue as an AMIAS. ACTION: Complete and return this form by April 30, 2022.

**No** \_\_\_\_\_ Make me inactive for Alateen service for 2022. ACTION: Skip the questions below.

Return your signed form by April 30, 2022. Your status will become "inactive" and you'll be removed from our Minnesota South Area Al-Anon/Alateen currently-certified AMIAS roster.

1. Have you been an active member of Al-Anon for at least two years, not including time in Alateen, and are you actively working with an Al-Anon sponsor?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you ever been convicted of a felony, charged with child abuse or any other inappropriate sexual behavior, or demonstrated emotional problems which could result in harm to Alateen members?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Alateen Group(s) I may or will sponsor (regular or substitute): \_\_\_\_\_
4. Current Al-Anon home group(s): \_\_\_\_\_
5. Please provide contact information for two Al-Anon members who can attest to your commitment to Al-Anon Twelve Step recovery and their support for you as an Alateen Member Involved in Alateen Service (AMIAS). One reference should be your Al-Anon sponsor and be so noted. Family members and current Alateen Safety Committee members may not be used as a reference. Please alert your references that they may receive a brief phone call to verify your standing.  
Name \_\_\_\_\_ Phone \_\_\_\_\_ email: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ email: \_\_\_\_\_

***I attest that all of the above information is true and accurate and hereby grant permission to contact the above-named Al-Anon members. I have read and agree to abide by the Minnesota South Area Al-Anon/Alateen Policy and all applicable law. My status as a certified AMIAS has not been previously denied or revoked in any AFG/Alateen area.***

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email a scanned copy (NO PHOTOS) of this completed & signed form to our AAPP:  
mnsa.afg.aapp@mail.com Email to request street mailing address.