

**Minnesota South Area Al-Anon Member Involved in Alateen Service (AMIAS)
2018 Recertification Form**

Thank you for your interest and commitment to serve Alateens in Minnesota South Area! Our Alateen Safety 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: _____

Address: _____

City/State/Zip _____

E-mail: _____ Phone(s): _____

Dates of 2017 or 2018 AMIAS training workshops you attended: _____

Yes _____ I wish to continue as an AMIAS. **ACTION:** Complete and return this form by April 30, 2018.

No _____ Make me **inactive** for Alateen service for 2018. **ACTION:** Skip the questions below. Return your signed form by April 30, 2018. 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, or 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. What Alateen Group(s) do you plan to sponsor (regular or substitute)? _____

4. What is your 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 Adult Group Sponsor (AMIAS). We prefer that one reference is your Al-Anon sponsor. Family members and current Alateen Safety Committee members may not be used as a reference. Please alert your references that they will receive a brief phone call to verify your reference.

Name _____ Phone _____ email: _____

Name _____ Phone _____ email: _____

Thank you for providing this information. Please sign below and return this application and the other forms to the Minnesota South Area Alateen Process Person (AAPP) for processing.

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 Section X of the Minnesota South Area Al-Anon/Alateen Policy.

Applicant's signature: _____ Date: _____