

**Minnesota South Area Al-Anon Member Involved in Alateen Service (AMIAS)
2018 Recertification Application 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. If you wish to continue as an AMIAS, fill out this form and send it to the Area Alateen Process Person (AAPP) so that you may be recertified as an AMIAS in good standing to the WSO.

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: Return a signed form by April 30, 2018. You do not need to answer the questions below. Your status will be "Inactive". You'll be removed from emails and the Minnesota South Area Al-Anon/Alateen 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 the name and contact information for two Al-Anon members who can speak to your commitment to Al-Anon Twelve Step recovery and their support for you as an Alateen sponsor. We prefer that one be 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 call or email to check 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 give permission to contact the above-named Al-Anon members. In addition, I have read and agree to abide by Section X of the Minnesota South Area Policy.

Applicant's signature: _____ Date: _____

Email a scan of your completed and signed form to Scott, our AAPP: mnsa.afg.scott@gmail.com
To obtain his street mailing address, call or text 952-491-0515