

AFG AREA 9 ANNUAL AMIAS CERTIFICATION

To be an AFG Area 9, Florida North, Al-Anon Member Involved in Alateen Service (AMIAS) return this fully completed form to our Area Alateen Process Person (AAPP) at aapp58@afgarea9.org or AAPP CMA address The AAPP will 1. Request any Criminal History Check, 2. Register this with WSO, 3. Qtrly, Notify AMIAS and Area CMA of status

I have read our current Alateen Safety and Behavioral Requirements as posted on our Area website			
I am at least 23 years of age (WSO requires 21, Area 9 requires 23)			
I have been an active member of Al-Anon for at least the last 3 years (WSO requires 2, Area 9 requires 3)			
I regularly (WSO requires) attend at least one Al-Anon meeting each week (Area requires) in addition to any Alateen meeting			
I do not have emotional problems which could result in harm to Alateen members			
I have never been convicted of a felony			
I have never been charged with child abuse or inappropriate sexual behavior			
I do not have any of the Disqualifying Criminal Offenses as posted on our Area website			
I agree to get a Criminal History Background Check <i>when directed by the AAPP</i>			
I attended an annual AMIAS Training/Orientation presented by an Area 9 recognized trainer			
I will notify my District and the AAPP of any change in my qualifications and/or contact information			
I understand that my name and contact information may be shared with those interested in Alateen			
<u><i>IF</i></u> I am an Alateen Group Sponsor, I will send a GR-3 Group Records Change Form to the AAPP as needed			
I certify that the above statements are true and I agree to abide by Area 9's Safety and Behavioral Requirements			
Signature:		Date:	
PRINT First and Last Name:			
Home Address: City, ST, Zip:			
Email:			
Home Group:			
District:	Preferred Phone:		<input type="checkbox"/> Home <input type="checkbox"/> Cell
Pick ONE:	<input type="checkbox"/> Brand New Area 9 AMIAS	<input type="checkbox"/> Renew Current	<input type="checkbox"/> Renew Expired WSO# If known

Optional group level verification: To the best of my knowledge, the above Al-Anon member meets these Requirements

Group Member Signature:		Date:	
PRINT Name & Group Name:			

I actually know the above Al-Anon member enough *or* have gathered enough information to comfortably sign that to the best of my knowledge this person meets all the WSO and Area 9 Requirements to be an AMIAS

Authorized District Signature: Per Requirements- the DR or "an appointed district trusted servant"		Date:	
PRINT Name & District Position			

The above Al-Anon member attended a full Training/Orientation

Area 9 Trainer Signature:		Orientation Date:	
PRINT Name & District:			

Type of Government Picture ID	Date	Id Check Init	Now send to aapp58@afgarea9.org
			AAPP Notes:

Ex, Driver license, Passport, State ID