

AL-ANON/ALATEEN AREA 23 (MAINE)
AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS) APPLICATION
(This form must be notarized)

Sponsor Applicant _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____ Length of residence _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Home Group _____ Years attended _____

Location _____ Group Number _____

Past Home Group(s) _____ Years attended _____

Location _____ Group Number _____

****I have attended an AMIAS Workshop: Date _____ Location _____**

1. I am at least 21 years old and have an Al-Anon Personal Sponsor and/or Al-Anon Service Sponsor.
2. I have been actively attending Al-Anon meetings for a minimum of two years in addition to any time spent in Alateen.
3. I have included three written references or recommendations from Al-Anon members who vouch for me.
4. I declare that I have never been formally accused or convicted of a crime (misdemeanor or felony) and have not been charged with child abuse or any other inappropriate sexual behavior. I have not demonstrated emotional problems which could result in harm to Alateen members.
5. I have read and agree to abide by all guidelines of Al-Anon/Alateen Area 23 (Alateen Safety and Behavioral Requirements).
6. I understand that any information obtained as part of this application process will be securely stored and protected by the Alateen Area Process Person (AAPP) and that the Maine Area Alateen Coordinator and my District Representative will be informed of satisfactory or unsatisfactory results.
7. I understand that as an AMIAS, my primary goal is to help the Alateen members follow the Al-Anon/Alateen program. "Whenever anything interferes with the need to protect yourself i.e., accusations, controversy, threats of personal harm, etc., discontinue serving as an Alateen Group Sponsor. Even if you are totally blameless, stepping aside will not only protect both the Alateen members and you, it will preserve the unity of the fellowship as well." *Alateen Safety Guidelines* (G-34)

****I am willing and give my consent YES / NO (circle one) to have my contact information shared with other AMIAS in Area 23 (First Name & Last Initial, Town of Residence, Phone # and E-mail Address).**

Applicant (Print) _____ Date _____

To the best of my knowledge, the above Al-Anon member meets Area Safety and Behavioral Requirements.

Al-Anon Personal/Service Sponsor Signature _____ Date _____

Vote of Confidence from the majority of voting members of applicant's Al-Anon Home Group:

Al-Anon Group Officer Signature _____ Position Held _____ Date _____

Applicant's Name (Print) _____

Applicant's Signature _____ Date _____

State of Maine

County of _____

I, _____, do affirm, under penalty of perjury, that the above information is true to the best of my personal knowledge, information, and belief.

Signature of person making affidavit

Sworn to and subscribed before me this _____ (Date)

Signature of Notary Public

Printed Name of Notary Public

SEAL

Notary Public, State of Maine

My commission expires: _____