

Name, Last:	Name, First:	Phone:
Address:	City/State/Zip	Phone:
Driver's License No	State	Exp Date
Al-Anon Home Group	City:	District:

These questions are requested to assure that you are an Al-Anon member qualified to meet the WSO, Utah Assembly and state requirements for working with teens. An AA member who is not an Al-Anon member may not serve as a Sponsor Member. Please check a YES or NO and INITIAL each item. Sign and Date the form on the next page.

For statements with an *, if the answer is YES, please explain on the below.

STATEMENT	Candidate		
	YES	NO	INITIAL
I attend at least one Al-Anon meeting regularly and consistently.			
I am at least 21 years old.			
I have been active in my Al-Anon group for at least 2 years, excluding time in Alateen.			
I am new to this Al-Anon District and have attended a local Al-Anon meeting for at least 3 months before volunteering for Alateen Service. Group in another location that I attended is listed: Previous Group: _____ City: _____ District: _____			
* I have been convicted of a felony.			
* I have been charged with child abuse.			
* I have been charged with inappropriate sexual behavior.			
* I have demonstrated emotional problems that could result in harm to Alateen members.			
* A welfare agency or comparable government agency has determined that I conducted myself inappropriately with children.			
I agree not to have overt or covert sexual interaction (whether consensual or not) with an Alateen member, including but not limited to 1) touching a teen inappropriately 2) dating a teen who is an Alateen member 3) holding or hugging in an inappropriate manner.			
I agree to conduct myself in accordance with local laws.			
I agree not to carry teens under the age of 18 in an auto to or from an Alateen or Al-Anon function, unless the teen has a Utah Area or similar permission slip signed by a parent or guardian and the driver has appropriate automobile insurance.			
If asked to resign my position as an approved Alateen Service Member for any reason, I will consider the safety of the teens to be paramount and will resign. (See Section E. in the Utah Area Guidelines for Alateen Safety regarding the Appeal Process.)			
I agree that the District Safety Administrator and/or other persons designated by Utah Area may independently verify the information that I present on this Candidate Profile.			

Explanation and disposition of * items:

In what areas of Alateen are you interested/willing to serve? Sponsorship, transportation, conference assistance.

I have read, understand and agree that the items checked and initialed above are correct. I agree to promptly notify the Alateen Process Person when any of these criteria have changed.

As a condition of serving as an Al-Anon Member Involved in Alateen Service, I agree to hold harmless from liability, the Alateen Group, the Utah Area, AFG Headquarters, Inc., district officers, employees and volunteers of these organizations. I understand that these organizations and persons are not under any obligation to appoint me as an Al-Anon Member Involved in Alateen Service.

Applicant Signature

Date:

Print Name

Please present this completed form to the District Alateen Process Person, District Alateen Coordinator, or District Representative and keep a copy for yourself.

TO BE VERIFIED BY THE DISTRICT ALATEEN PROCESS PERSON

District Alateen Process Person verifies information below and initials.

TYPE OF CHECK	YES	NO	INITIALS
Group Status (List Group Name)			
Driver's License (Look at license, verify person is who they say they are)			

Interview comments by Alateen District Safety Administrator

Signature

Date:

Print Name / Title/ Phone #

TO BE FILLED OUT BY THE AREA ALATEEN PROCESS PERSON

As Utah Area Alateen Process Person, I certify that, to the best of my knowledge, this person has met requirements in the **Utah Area Alateen Safety Guidelines** and has agreed to abide by them. This applicant may be added to the Al-Anon Member Involved in Alateen Service (AMIAS) List.

UT Bureau of Criminal Identification Background Check:	Circle one	PASS	FAIL
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Signature

Date

Print Name

Title

Area

Phone # / Email

This information is confidential and will be used and distributed only in accordance with applicable law.