

# Al-Anon Member Involved In Alateen Service

*It is required that this form be completed by **all** Al-Anon members involved in service to Alateen.*

**(Please Print)**

First & Last Name:

Street Address:

City, State/Province:

Zip/Postal Code

Phone:

e-mail:

District

***I am in compliance with my area's safety and behavioral requirements and agree to abide by them.***

\_\_\_\_\_  
Signature Date

***To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.***

\_\_\_\_\_  
Authorized Area Signature Area # Date  
Please Print Name Below:

***Each area must certify to the WSO annually that each Al-Anon member involved in Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.***

WSO Assigned ID Number: \_\_\_\_\_

For Area Use:

**Georgia Al-Anon Member Involved in Alateen Service - Supplemental Form**  
(Required by AFG of Georgia; Revised 10-24-2021)

Instructions: Submit this form electronically to the AAPP at [ga.afg.aapp@gmail.com](mailto:ga.afg.aapp@gmail.com)

I, \_\_\_\_\_  
(Print Full Name)

**Yes**    **No**

\_\_\_\_\_ am an Al-Anon member regularly attending Al-Anon meetings.  
My home group is \_\_\_\_\_ in District \_\_\_\_\_

\_\_\_\_\_ have been regularly attending Al-Anon meetings for at least the past two years, at least the past six months in Georgia.

Attested by current Area Assembly member (GR, DR, Officer or Coordinator):

\_\_\_\_\_ Signed \_\_\_\_\_ print name \_\_\_\_\_ position \_\_\_\_\_

\_\_\_\_\_ am at least 23 years old.

\_\_\_\_\_ have not been convicted of a felony, and have not been charged with child abuse or any other inappropriate sexual behavior, and have not demonstrated emotional problems which could result in harm to Alateen members.

\_\_\_\_\_ have not been convicted of a DUI within the last 5 years.

\_\_\_\_\_ acknowledge there must be at least one Alateen sponsor in every Alateen meeting.

\_\_\_\_\_ understand that AFG of Georgia requirements prohibit overt and/or covert sexual interaction between any adult and Alateen members.

\_\_\_\_\_ understand that AFG of Georgia requirements prohibit conduct contrary to applicable federal, state and local laws.

\_\_\_\_\_ understand that AFG of Georgia requirements have been reviewed by counsel.

\_\_\_\_\_ will permit an appropriate background check to be performed and will complete any necessary paperwork required to do so now and annually while involved in Alateen service (as defined by AFG of Georgia).

\_\_\_\_\_ agree to notify the Area Alateen Process Person (AAPP) of any change in information as it relates to information submitted in the application process.

\_\_\_\_\_ have reviewed and agree to abide by the AFG of Georgia Alateen Behavioral and Safety Requirements.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_