

Idaho Area “Al-Anon Member Involved in Alateen Service” (AMIAS) Annual Recertification Forms

Alateen Service is a privilege, a gift to the person serving and to the fellowship as a whole. Each year the “Al-Anon Members Involved In Service”, Alateen Groups and districts participate in keeping this gift available by completing the Recertification and Re-registration Processes.

Each year the Idaho Area Alateen Coordinator/AAPP is required to return a list of recertified “Al-Anon Members Involved in Alateen Service” (AMIAS) to the World Service Office by June 30th. Please mail or email your Idaho Area AMIAS recertification form to your Area Alateen Coordinator/AAPP by June 1st.

Each year, Alateen Groups are required to Re-Register in order to remain on schedules, use the copyrighted Alateen name, and participate in the links of service. The deadline for this is also June 30th. WSO lists of “Active” and “Inactive” Alateen groups are sent to the District Alateen Coordinator or District Rep. Please mail or email your registration form to the Idaho Area Process Person and the Idaho Area Group Records Coordinator by June 1st.

Idaho Area Alateen Process Person

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Must be received no later than June 1st.

Idaho Area AMIAS Re-certification Form

Full Name: _____ Date _____

Phone Number: _____ E-mail: _____

Address/City/State/Zip: _____

Home Group: _____ District #: _____ DOB: _____

Do you sponsor an Alateen group? _____ Name of Alateen group: _____

Alateen meeting place/date/time: _____

Co-Sponsor name/phone: _____

Al-Anon Member Involved in Alateen Service (AMIAS) Criteria:

(Please answer TRUE or FALSE)

1. I am at least 21 years old. _____
2. I have been active in my **Al-Anon** program (in addition to any time spent in Alateen) for at least 2 years. _____
3. I attend at least one Al-Anon meeting a week. _____
4. I understand there must be one certified Alateen group sponsor at every Alateen meeting. I understand having less than two certified group sponsors at an Alateen Group Meeting is not ideal and over a period of time could create an unhealthy environment for the teens and/or the sponsor. _____
5. I understand that if I or my co-sponsor(s) are not available for our scheduled week we are responsible for finding or for asking for help from other certified AMIAS. _____
6. I understand if I find myself without a certified co-sponsor or substitute for a period of three or more weeks, I must notify the District Alateen Coordinator. _____
7. I will not engage in overt or covert sexual behavior with Alateen members. _____
8. I understand that overt and covert sexual behavior is defined as: any sexual advances whatsoever, permitting sexual advances from Alateen members, unwanted physical affection, dating an Alateen, lewd behavior (dirty jokes, inappropriate discussion of sexual behavior, inappropriate dress, inappropriate touching or hugging). _____
9. I understand that if I feel threatened or approached in a sexual way by an Alateen member I will discuss the issue with the Alateen, with another Al-Anon member present whom the Alateen trusts. If the issue isn't resolved to my satisfaction I will seek the support of my Alateen Group co-sponsor, my personal sponsor, the district and area Alateen coordinator and my district representative. _____
10. I understand that sexually inappropriate behavior is hazardous to not only the teen, but the Alateen meeting, myself and to the worldwide fellowship of Al-Anon and Alateen as a whole. _____
11. I have not been convicted of a felony. _____

Idaho Area AMIAS Recertification Form (cont.)

- 12. I have not been charged with child abuse. _____
- 13. I have not been charged with inappropriate sexual behavior. _____
- 14. I am not demonstrating emotional problems that could result in harm to Alateen members. _____
- 15. I agree not to conduct myself in a manner contrary to applicable laws. _____
- 16. I agree to participate in the yearly recertification process for “Al-Anon Members Involved in Alateen Service” in Idaho Area. _____
- 17. I agree to use applicable travel, permission and medical forms. _____
- 18. If asked to resign the position(s) of “Alateen Group Sponsor” or “Al-Anon Member Involved in Alateen Service” for any reason, I will consider the safety of the teens to be paramount and resign. Resignation is not an admission of any wrongdoing. _____
- 19. I have read, understand, and agree that I meet items 1 through 18 above. I agree to step down at any time if I cannot meet these criteria. _____

The following is required for Al-Anon Members Involved in Alateen Service:
(Please initial each statement)

- 1. I agree to allow Idaho Area and its authorized administrators to conduct a background investigation on me, which may include a review of sex offender registries, child abuse and criminal history records. I agree to hold harmless from liability, the Alateen Group, Idaho Area, AFG Headquarters, Inc., their officers, employees and volunteers of these organizations. I understand these organizations and employees are not under any obligations to appoint me. _____
- 2. I agree to complete the Area requirements for Alateen Group Sponsor Training. I am willing to participate in additional education, group sponsor inventories and group sponsor support meetings as available or needed. _____

Candidate’s Signature

I, _____ declare under penalty of perjury under the laws of the state of Idaho that the foregoing is true and correct.

Signed this _____ day of _____, 20__ in the city of _____ in the State of Idaho.

Signed _____

Print name _____