



Dear AMIAS Applicant,

Thank you for your interest in applying for certification as an AMIAS (**Al-Anon Member Involved in Alateen Service**) in Minnesota South Area Al-Anon. Your commitment to carrying the message can make an enormous difference in the lives of young people affected by the family disease of alcoholism. We appreciate your willingness to serve Alateen!

Before you may attend any Alateen meeting or otherwise assist in Alateen service:

- You must attend a Minnesota South Area Alateen Sponsor training session and repeat this attendance at least once per calendar year. If you've already attended a training, it counts as your initial training even when prior to submitting your application package. You'll receive email notices of upcoming training sessions. They'll also be listed on our area web site here:
<http://minnesotasouth-al-anon.org/alateensponsors/amiasworkshops.html>
- The **Alateen Service e-Manual is required reading before attending any training session**. It answers many questions we don't have time to cover at trainings. This can be downloaded in PDF format on our Minnesota South Area Al-Anon/Alateen website:
http://minnesotasouth-al-anon.org/alateensponsors/AlateenService_eManual.pdf
- Complete and return the following documents to me, Donna T, our Area Alateen Process Person (AAPP):
 - Minnesota South Area AMIAS (Al-Anon Member Involved in Alateen Service) Application Form. Among the required provisions is contact information for two Al-Anon references.
 - A Pre-Service Questionnaire providing information needed for background checks.
 - Minnesota South Area Volunteer Background Check Release Statement.
 - An Al-Anon Member Involved In Alateen Service form that's submitted to our World Service Office (WSO) when your AMIAS status has been approved by the AAPP.
- Emails containing scanned image files – **no photos** – of your completed application forms are preferred. It's also more secure than US Postal Service mail. Application materials that we aren't required to retain will be securely deleted (for digital submissions), shredded, or burned.
- The MN South Area Alateen Coordinator, will verify your references. Please let your references know to expect a brief phone call. **One of your references must be your Al-Anon Sponsor.**
- You'll receive a secure email invitation to self-apply with our background screening agency, Trusted Employees. They'll be the only party with access to your Social Security number.

Your background check reveals any misdemeanor or felony convictions on your record. Non-violent misdemeanors aren't likely to disqualify you from serving as an AMIAS but any felony will. Similarly, an unfavorable report from a reference may disqualify you from becoming certified as an AMIAS in our area.

The AAPP keeps up-to-date records of Minnesota South Area Alateen Group Sponsors and Alateen groups so that our Alateen Coordinator, Minnesota South Area Al-Anon/Alateen, and Al-Anon's World Service Office (WSO) have accurate information to provide to those seeking Alateen meetings. Therefore, **any changes to your address, phone or e-mail must be reported to the Area Alateen Process Person (AAPP) right away.**

Your commitment to Alateen in Minnesota South Area Al-Anon/Alateen is greatly appreciated!

Donna T.

MN South Area Alateen Process Person, Service Panel 61 (2021-2024) mnsa.afg.aapp@mail.com

Minnesota South Area AI-Anon Member Involved in Alateen Service (AMIAS) Application Form

Thank you for your willingness to serve Alateen in Minnesota South Area! Minnesota South Area Alateen Safety & Behavioral Requirements stipulate that each AMIAS applicant provide references and certify themselves active in AI-Anon.

Name: _____

Address: _____

City/State/Zip _____

E-mail: _____

Phone(s): _____

1. Have you been an active member of AI-Anon for at least two years, not including time in Alateen, and are you actively working with an AI-Anon sponsor?

YES _____ NO _____

2. Have you ever been convicted of a felony, or charged with child abuse or any other inappropriate sexual or violent behavior, or demonstrated emotional problems which could result in harm to Alateen members?

YES _____ NO _____

3. What Alateen Group(s) do you plan to sponsor (regular or substitute)?

4. What is your current AI-Anon home group(s)? _____

5. Please provide the name and contact information for two AI-Anon members who can speak to your commitment to AI-Anon Twelve Step recovery and their support for you as an Alateen sponsor. We require that one be your AI-Anon sponsor. Family members and current MN South Area Alateen Safety Committee members may not be used as a reference. Please alert your references that they will receive a brief phone call regarding your AMIAS application.

Name _____ Phone _____ email: _____

Name _____ Phone _____ email: _____

Thank you for providing this information. Please sign below and return this application and your other completed AMIAS application forms to our MN South Area Alateen Area Process Person (AAPP).

I attest that all of the above information is true and accurate and hereby grant permission to contact the above-named AI-Anon members. I've read and agree to abide by the Minnesota South Area Alateen Safety & Behavioral Requirements & all applicable laws.

Applicant's signature: _____ Date: _____

Please email a scanned copy of this completed & signed form to our AAPP: mnsa.afg.aapp@mail.com
If a street address is needed, please email our AAPP: mnsa.afg.aapp@mail.com rev 1/13/2022

MN South Area Al-Anon/Alateen Volunteer Pre-Service Questionnaire

Incomplete information on this form may be grounds for immediate termination or disqualification from serving as an AMIAS (Al-Anon Member Involved in Alateen Service) in Minnesota South Area.

PLEASE PRINT LEGIBLY

1) Legal Name: _____
First *Full Middle Name* *Last*

2) Date of Birth: ____/____/____

3) Do you have a valid Drivers License? Yes No State _____ Number _____

4) Please list all addresses of residence/employment for the past seven years: * = Required

Street *Apt* *City* *County* *State* *Zip Code*

Street *Apt* *City* *County* *State* *Zip Code*

Street *Apt* *City* *County* *State* *Zip Code*

Street *Apt* *City* *County* *State* *Zip Code*

Street *Apt* *City* *County* *State* *Zip Code*

5) Have you used any other names in the past seven years? Yes No

Name Used *Dates Used* *City* *State*

Name Used *Dates Used* *City* *State*

6) Have you ever been convicted of a misdemeanor or a felony? Yes No If yes, please complete 6A

6A) _____
Date *Offense* *City* *County* *State*

Date *Offense* *City* *County* *State*

If additional space is required please attach another sheet with the information required in 6A.

The above information is true and correct. By signing below, I grant Minnesota South Area Al-Anon/Alateen and their agents or Trusted Servants, their assigned background screening agency, and their agents permission to perform an investigation into my background. If accepted as a volunteer with Minnesota South Area Alateen, this authorization is valid for the duration of my service.

Signed *Date*

Your original completed form will be scanned, secured digitally, then shredded.

Please email a scanned copy of this completed & signed form to our AAPP: mnsa.afg.aapp@mail.com
 If a street address is needed, please email our AAPP: mnsa.afg.aapp@mail.com rev 1/13/2022

Minnesota South Area Al-Anon Volunteer Release Statement for Al-Anon Members Involved in Alateen Service (AMIAS)

Minnesota South Area Al-Anon policy requires that all Al-Anon Members Involved in Alateen Service (AMIAS), including all Alateen adult group sponsors, must undergo an independent background check. This confirms that they have never been convicted of a felony or charged with child abuse or any other inappropriate sexual or violent behavior. The information obtained is kept strictly confidential and won't be used for any other purpose.

Minnesota South Area Al-Anon has engaged a third party background screening agency to carry out background checks. The information you provide for your background check and subsequent report will be accessible only to that agency and the Minnesota South Area Alateen Process Person (AAPP) or other designated member of the Minnesota South Area Alateen Safety Committee. The background check process helps Minnesota South Area Al-Anon provide a safe and secure environment for all teens who participate in our programs.

To perform the background check each current or prospective AMIAS must complete and sign the release below and the accompanying Volunteer Pre-Service Questionnaire.

I, _____, [print name] hereby authorize Minnesota South Area Al-Anon and it's current background screening company to make an independent investigation of my background. I give permission to access any other records deemed necessary to assess my character and fitness for service. I authorize all persons, schools, companies, corporations, state agencies, federal agencies, court systems, and law enforcement agencies to release such information without restriction or qualification to Minnesota South Area Al-Anon and its background screening agency. I hereby release Minnesota South Area Al-Anon, it's agents & Trusted Servants, any assigned background screening agency, and their agents from any and all liability arising from the preparation of this report or investigation relating thereto. I understand that I won't incur any cost related to this background check process.

I agree that failure to reveal any requested information, or providing any false or misleading information on this form or any application form, may be grounds for refusal to enlist my services and negate any present or future volunteer possibilities with Minnesota South Area Alateen. I also understand that the results of this background check may disqualify me from volunteering for Minnesota South Area Alateen. I agree that this release is valid for the duration of my service and that Minnesota South Area Al-Anon or its background screening agency (at the request of Minnesota South Area Al-Anon) may choose to investigate my background at any time during the term of my service.

I have a right to a copy of the results of the background check conducted and the right to challenge any background screening agency and their sources regarding any incorrect information it contains. I may also request a copy of my records from the Minnesota Bureau of Criminal Apprehension.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

Print Name _____ Phone # _____

Date of Birth ____/____/____

Signed _____ Date ____/____/____

Please email a scanned copy of this completed & signed form to our AAPP: mnsa.afg.aapp@mail.com
If a street address is needed, please email mnsa.afg.aapp@mail.com.

rev 1/13/2022

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: