

**Minnesota South Area Al-Anon Member Involved in Alateen Service Application**

Thank you for your interest and commitment to serving Alateen in Minnesota South Area! Alateen cannot survive without your support. In accordance with MN South Area Alateen Safety Policy, please complete this application prior to serving as an Alateen Sponsor in any capacity.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. I am at least 21 years of age.  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_
  
2. I have been an active member of Al-Anon for at least two years.  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_
  
3. Have you ever been convicted of a felony, or charged with child abuse or any other inappropriate sexual behavior, or demonstrated emotional problems which could result in harm to Alateen members?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_
  
4. Please provide the name and phone number for two Al-Anon members (preferably including your Al-Anon sponsor) who can speak to your commitment to Al-Anon twelve step recovery and their support for you as an Alateen sponsor.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Thank you for providing this information! Please sign below, and return this application to the MN South Area Alateen Coordinator for processing to the following address

Alateen Coordinator  
Minnesota South Area Assembly  
P.O. Box 6136  
Minneapolis, Minnesota 55406

*I attest that all of the above information is true and accurate.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_