

## Area 57 Al-Anon Member Involved in Alateen Service Application Form

### Virginia Area Alateen Group Sponsor/Al-Anon Member Involved in Alateen Service Candidate Application and Disclosure Agreement (Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

I certify that: (initial in blank space)

- \_\_\_\_\_ 1. I am an Al-Anon member regularly attending Al-Anon meetings;
- \_\_\_\_\_ 2. I am at least 23 years old;
- \_\_\_\_\_ 3. I have at least two years in Al-Anon in addition to any time in Alateen;
- \_\_\_\_\_ 4. I am regularly attending at least one Al-Anon meeting per week;
- \_\_\_\_\_ 5. I have not been convicted of a felony;
- \_\_\_\_\_ 6. I have not been charged with child abuse or any other inappropriate sexual behavior;
- \_\_\_\_\_ 7. I have not demonstrated or been treated for emotional problems which could result in harm to Alateen members.

By signing below I admit I have knowledge of my Area's Safety and Behavioral Requirements, am in compliance with them, and agree to abide by them.

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

I also certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as an Al-Anon Member Involved In Alateen Service, an Alateen Group Sponsor, or for my dismissal no matter when discovered.

I HEREBY WAIVE, RELEASE AND DISCHARGE AFG of Virginia, and any other persons or entities from any liability for any damages or loss of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from the furnishing, collection or utilization of any such information, compliance or attempts to comply with this authorization.

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

For District Use: Please be sure to fill this out before sending in.

District Name and Number \_\_\_\_\_

Alateen Group Registration/Change form should be attached to this application form.

Group Number \_\_\_\_\_ Co-Sponsor Name \_\_\_\_\_

This applicant is an alternate for the district and not attached to any group \_\_\_\_\_

To the best of my knowledge, the above Al-Anon Member meets the Area's safety and behavioral requirements.

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