Minnesota South Area Al-Anon Member Involved in Alateen Service (AMIAS) 2023 Recertification Form

Thank you for your commitment to serve Alateens in Minnesota South Area! Our Alateen Safety & Behavioral Policy requires that each AMIAS provide references and certify themselves active in Al-Anon each year. Please complete and sign this form then send it to the Area Alateen Process Person (AAPP) so that you may be recertified as an AMIAS in good standing with our World Service Office.

Na	ıme:			District #:	
Ad	dress:				
E-mail:			_ Phone(s):		
Da	ites of 2022 or 202	23 AMIAS tr	— aining workshops I atten	ded:	_
Ye	s I wish to	continue a	s an AMIAS. ACTION: 0	Complete and return this form by April 30, 2	2023.
Re	turn your signed for	orm by Apri	30, 2023. Your status w	023. ACTION: Skip the questions below. rill become "inactive" and you'll be removed y-certified AMIAS roster.	d
1.	Have you been an active member of Al-Anon for at least two years, not including time in Alateen, and are you actively working with an Al-Anon sponsor? YES NO				
2.				rith child abuse or any other inappropriate s which could result in harm to Alateen	
		YES	NO		
3.	Alateen Group(s) I may or will sponsor (regular or substitute):				
4.	Current Al-Anon home group(s):				
5.	Please provide contact information for two Al-Anon members who can attest to your commitment to Al-Anon Twelve Step recovery and their support for you as an Alateen Member Involved in Alateen Service (AMIAS). One reference should be your Al-Anon sponsor and be so noted. Family members and current Alateen Safety Committee members may not be used as a reference. Please alert your references that they may receive a brief phone call to verify your standing.				
Na	ıme		Phone	email:	
Name			Phone	email:	
	permission to d abide by the Mir	contact the nnesota S	e above-named Al-Ar outh Area Al-Anon/A	true and accurate and hereby grant non members. I have read and agree lateen Policy and all applicable law. reviously denied or revoked in any area.	
	Applicant's signa	ture:		Date:	

Please email a scanned copy (**NO PHOTOS**) of this completed & signed form to our AAPP: mnsa.afg.aapp@mail.com or mail to 9992 211th Court North Forest Lake MN 55025