

NEW JERSEY AL-ANON AREA 36
AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE
APPLICATION AND DISCLOSURE FORM

Rev: Final 2/2/20

Name, Last	Name, First	Home Phone
Address		City/State/Zip
		NJ District number of home address
SS. No.	DOB	Home Group Cell Phone

These questions are requested to assure that you are an Al-Anon member qualified to meet the WSO and State requirements for working with teens. An AA member who is also an Al-Anon member may **serve as** an Alateen Sponsor by virtue of their Al-Anon membership. **Please** check a YES or NO and INITIAL each item. Sign and date the form below. For statements with an*, if the answer is YES, please explain on the reverse side.

STATEMENT	YES	NO	INITIAL
I am at least 25 years old.			
I have been active in my Al-Anon program for at least 2 years, excluding time in Alateen.			
I attend at least one Al-Anon meeting per week.			
I am new to this Al-Anon District and have attended a local Al-Anon meeting for at least 3 months before volunteering for Sponsorship. Group in another location that I attended is listed: Previous Group: City: District:			
I make a 2-year commitment to Sponsorship.			
I agree not to have overt and/or covert sexual interaction (whether consensual or not) with an Alateen member, including but not limited to 1) touching a teen inappropriately; 2) dating a teen who is an Alateen member; 3) holding or hugging in an inappropriate manner.			
* I have been convicted of a felony.			
* I have been charged with child abuse.			
* A welfare agency, comparable government agency or court has determined that I conducted myself inappropriately with children.			
*I have been charged with a crime.			
*I have been charged with any offense.			
* I have demonstrated emotional problems that could result in harm to Alateen members.			
I agree not to conduct myself in a manner contrary to applicable laws.			
If asked to resign my position as a Group Sponsor or as a Sponsor for any reason, I will consider the safety of the teens to be paramount and will resign.			
I agree that the Alateen Coordinator and/or other persons designated by the New Jersey Area Assembly may independently verify the information that I present on this Application/Disclosure Form.			

I have read, understand and agree that the items checked and initialed above are correct. I agree to promptly notify the Alateen Coordinator when any of these criteria have changed. As a condition of serving as an Al-Anon member involved in Alateen Service to the best of my ability, I give permission to the N.J. Area Assembly and its authorized officers/coordinator to conduct a background investigation on me (if and when updated by the N.J. Area Assembly, Inc.), 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, N.J. Area Assembly, Inc., AFG Headquarters, Inc., district officers, employees and volunteers of these organizations. I understand that these organizations and persons are under no obligation to appoint me as an Alateen Sponsor.

Signed

Date

Print Name

Please return this completed form to:

N.J. Area Assembly, Attn: Alateen Coordinator 518-7 Old Post Road, #355, Edison, New Jersey, 08817-4683.
 This information is strictly confidential.

CONTINUE ON REVERSE SIDE

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Explanation and disposition of • items:

TO BE FILLED OUT BY THE ALATEEN COORDINATOR

For each item below that has been verified by the Alateen Coordinator, please add initials. Make comments if applicable.

STATEMENT	YES	NO	INITIAL
Group Status			
Megan's Law			
Background Check (If and when adopted by the N.J. Area Assembly, Inc.)			

As Alateen Coordinator, I certify that this Al-Anon member involved in Alateen service has met the N.J. Area Assembly, Inc., requirements for Alateen Safety and has agreed to abide they them.

Signature

Date

Print Name

Phone

Title

This information is strictly confidential.

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 _____

Home phone _____ Cell phone: _____

email: _____

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
(please print)

Area #

Date:

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: