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: