

Al-Anon Family Groups of Colorado Area Assembly, Inc.

Colorado Area Safety and Behavioral Requirements and Procedures

For

Alateen Members

And

Al-Anon Members Involved in Alateen Service

As Adopted by Al-Anon Family Groups of Colorado Area Assembly, Inc.

On March 23, 2013

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DEFINITIONS:

Al-Anon Family Groups Headquarters, Inc.	The headquarters of the entire fellowship, which is known to most members as the World Service Office or WSO.
Al-Anon Member	Anyone who feels his personal life is or has been affected by a problem drinker and who attends Al-Anon meetings, seeking recovery for the effects of someone else's drinking.
Al-Anon Member Involved in Alateen Service (AMIAS)	An Al-Anon member currently certified through their Area Alateen process and eligible to be directly responsible for Alateens while being of service to Alateen, including service as an instant or temporary Alateen Group Sponsor, designated chaperones for official Alateen-related events, drivers transporting Alateens to and from official Alateen-related events, Alateen coordinators or Alateen chairs for Al-Anon/AA events where there is Alateen participation, and any Al-Anon members who are in a position of trust and responsibility in direct relation to Alateen members while being of service to Alateen. AMIAS does not include guest speakers invited by Alateen members to a meeting with guidance from their Alateen Group Sponsors
Alateen	A fellowship of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking.
Alateen Group Sponsor	An Al-Anon member currently certified by their Area Alateen process as an Al-Anon Member Involved in Alateen Service (AMIAS) who has made a commitment to be of service to an Alateen meeting on a regular basis.
Alateen Member	A younger Al-Anon member who attends regularly scheduled Alateen Meetings, seeking recovery for the effects of someone else's drinking. It is within the autonomy of each group to determine the age range for their individual meeting.
Area	The Area is made up of all the Districts in a state or a province (some large states/provinces are divided into more than one Area). Each Area is represented by one Delegate at the annual World Service Conference.
Area Alateen Coordinator	Coordinates the activities of Alateen in the Area and acts as liaison between the Area World Service Committee (AWSC), the Action Committees, and the Groups. The Area Alateen Coordinator must be certified as an Al-Anon Member Involved in Alateen Service (AMIAS) in the Colorado Area.
Area Alateen Process Person (AAPP)	The Area's designated Alateen contact with the WSO Group Records Department regarding Alateen forms. The AAPP collaborates with the Alateen Coordinator and the Group Records Coordinator, as determined by the Area process, about distribution and submission of Alateen forms and WSO Group Records reports.
World Service Office (WSO)	The Al-Anon Family Group Headquarters, Inc., which is the headquarters of the entire fellowship.
WSO ID #	An number assigned by the World Service Office to individuals and groups for identification purposes within Al-Anon Family Groups.

Section 1: Colorado Area Requirements

AL-ANON FAMILY GROUPS OF COLORADO AREA ASSEMBLY, INC. SAFETY AND BEHAVIORAL REQUIREMENTS¹ FOR ALATEENS AND AL-ANON MEMBERS INVOLVED IN ALATEEN SERVICE

This document complies with the Al-Anon Family Groups Headquarters, Inc., Board of Trustees' Motion 51, dated December 8, 2003, and provides guidance for creating a safe environment for Alateen members and Al-Anons involved in Alateen service. The complete text of Motion 51 is included in Appendix A of this document. Alateen Group Sponsor Candidates are highly encouraged to discuss their intent and motivations to serve in Alateen with their service and/or personal sponsors.

References within this document to "Al-Anon Members Involved in Alateen Service" (AMIAS) apply to: Alateen Group Sponsors, designated chaperones for official Alateen-related events, drivers transporting Alateens to and from official Alateen-related events, Alateen coordinators or Alateen chairs for Al-Anon/AA events where there is Alateen participation, and any Al-Anon members who are in a position of trust and responsibility in direct relation to Alateen members while being of service to Alateen. This policy does not apply to guest speakers invited by Alateen members to a meeting with guidance from their Alateen Group Sponsors.

Requirement 1 applies to all Al-Anon Members Involved in Alateen Service (AMIAS). Requirements 2, 3, 4, and 5 apply to all Alateen members and all Al-Anon Members Involved in Alateen Service (AMIAS). Requirement 6 applies to the Colorado Area:

1. Every Al-Anon Member Involved in Alateen Service (AMIAS) must:
 - a) be an Al-Anon member regularly attending Al-Anon meetings;
 - b) be at least 21 years old;
 - c) have at least two years in Al-Anon in addition to any time spent in Alateen;
 - d) not have been convicted of a felony;
 - e) not have been charged with child abuse or any other inappropriate sexual behavior;
 - f) submit to a National (Federal) background check (as outlined in section 2-F);
 - g) not have demonstrated emotional problems which could result in harm to Alateen members.
2. There must be at least two Al-Anon Member[s] Involved in Alateen Service (AMIAS) at every Alateen meeting or Alateen-sponsored event. For activities where more than twenty-five (25) teens are present, it is required that at least one AMIAS be present for every ten (10) Alateen members.
3. Sexual interaction between any adult and Alateen member is prohibited, regardless of the age of the Alateen member. Sexual interaction includes, without limit, all direct (in-person), telephonic, or electronic acts or communications of a sexual nature. In the event of a complaint the AMIAS agrees to immediately withdraw from all Alateen service until the concern has been resolved.
4. Conduct contrary to applicable laws is prohibited.²
5. Procedures for parental permission, medical care, transportation, and housing of Alateen members, when applicable and other related matters to Sponsorship are described in Section 2.I.
6. These requirements have been reviewed by local counsel.

¹ Requirements adopted by the Colorado Area Assembly on **March 23, 2013**.

² Appendix B.

Section 2: Colorado Area Procedures

AI-ANON FAMILY GROUPS OF COLORADO AREA ASSEMBLY, INC. SAFETY AND BEHAVIORAL REQUIREMENTS PROCEDURES³ FOR ALATEENS AND AL-ANON MEMBERS INVOLVED IN ALATEEN SERVICE

- A. Becoming an Al-Anon Member Involved in Alateen Service (AMIAS). To become an AMIAS:
- 1) Complete all Background Check Procedures as requested by Al-Anon Family Groups of Colorado Area Assembly, Inc. (**See Section F for details**), including required application (Background Check Application) and any additional forms, documents, or information as requested.
 - 2) Complete and submit the Candidate Application Form⁴ to the Area Alateen Process Person (AAPP)⁵.
 - 3) Complete and submit the Al-Anon Member Involved in Alateen Service Registration Form⁶ to the AAPP.
 - 4) Evidence a "PASS" on the Background Check to be submitted (made available) to the AAPP.

NOTE: Items numbered 2, 3, and 4 above must be submitted at the same time.

- 5) Upon receipt of items 2, 3, and 4 above, the (AAPP) will certify the information contained in the Candidate Application Form for Al-Anon Member Involved in Alateen Service is complete, as required, and forward Candidate Application to the World Service Office (WSO) for processing in accordance with WSO standards and procedures.
 - 6) The WSO will return a copy of the Candidate Application, affixing a WSO ID # specific to the applicant, to the AAPP.
 - 7) The AAPP will keep a copy of the Candidate Application with the WSO ID # and provide a copy of same to the Candidate.
- B. Renewing AMIAS Status. Annually, all members wishing to remain an AMIAS shall:
- 1) No later than **March 31st** of each calendar year complete a new Candidate Application Form and submit to the AAPP.
 - 2) No later than **March 31st** of each calendar year complete a new Al-Anon Member Involved in Alateen Service Registration Form, including WSO Assigned ID Number, and submit to the AAPP.

NOTE 1: Items numbered 1 and 2 above must be submitted at the same time. It is the responsibility of the AMIAS to comply with the **March 31st** deadline outlined in items numbered 1 and 2 above. It will be at the discretion, not the responsibility, of the AAPP to send out reminders.

- 3) Upon receipt of items numbered 1 and 2 above, the AAPP will certify the information contained in the Candidate Application Form for Al-Anon Member Involved in Alateen Service (AMIAS) is complete, as required, and forward Candidate Application to the WSO for processing in accordance with the WSO standards and procedures.

³ Procedures adopted by the Colorado Area Assembly on **March 23, 2013**.

⁴ Appendix C.

⁵ Colorado Area Alateen Process Person

⁶ Appendix D.

- 4) WSO will return updated annual status of the recertified Candidate Application to the AAPP.
- 5) The AAPP will keep a copy of the recertified Candidate Application with the WSO ID # and provide a copy of same to the candidate.

NOTE: In the event an AMIAS does not comply with the requirements outlined in Section B above and their status as an AMIAS lapses for any reason, the requirements outlined in Section A above will apply.

C. Changing AMIAS status. To change AMIAS status:

- 1) Member will complete an Al-Anon Member Involved in Alateen Service Status Change Form⁷ and submit to AAPP (See Appendix E)
- 2) The AAPP will update the Area records and forward a copy of the Status Change Form to WSO for processing in accordance with the WSO standards and procedures. The Area Alateen Coordinator and/or Area Chairperson may serve as back-up as needed and is authorized to give and receive information from the WSO.

D. Resignation and Removal:

Circumstances change and a person may not be willing or able to continue to serve as an AMIAS or AMIAS Candidate. Additionally, information received after certification as an AMIAS may require a review of the original application.

- 1) Any AMIAS or AMIAS Candidate may resign at any time by giving notice to the AAPP. Any Alateen Group Sponsor may resign at any time by giving notice to the Alateen Group where the person is an Alateen Group Sponsor. A resignation will take effect upon the date of receipt of the notice or the date specified, whichever is later. Notice may be given in writing or verbally. Acceptance of the resignation is not necessary to make it effective. A voluntary resignation will not alone be used as a reason to prevent that person from serving as an Alateen Sponsor Candidate in the future.
- 2) The applications of all AMIAS Candidates are required annually and will be reviewed annually. If a new completed Candidate Application Form and a new Al-Anon Member Involved in Alateen Service Registration Form is not submitted in a timely manner, that person will be removed from the list of AMIAS and from the list of any Alateen Groups where the person may have served as an Alateen Group Sponsor. Not returning a renewal request will not alone be used as a reason to prevent that person from serving as a Sponsor Candidate in the future.
- 3) Should there be changes to the information supplied at the time of certification that would have prevented the AMIAS Candidate or Alateen Group Sponsor from having been selected as an Alateen Sponsor Candidate, the AAPP, the Area Alateen Coordinator, or any Area Officer may require that the person step down from the position.

⁷ Appendix E

E. Complaints. In the event a complaint/concern against an AMIAS:

- 1) Any individual may go to the AAPP, Area Alateen Coordinator, or any Area Assembly Officer (Delegate, Alt. Delegate, Area Chairperson, Area Secretary, or Area Treasurer) with concerns of any AMIAS. Any concern brought forward is limited to violations of the Colorado Area Alateen Safety and Behavioral Guidelines.
- 2) Complaints/concerns that are procedural in nature (matters which are not complaints/concerns of sexual interaction or conduct contrary to applicable laws between any adult and Alateen member) will be forwarded to the Area Alateen Coordinator for appropriate action. Appropriate action is defined as, but not limited to, additional education of the AMIAS/member concerning current Colorado Area Safety and Behavioral Requirements and Procedures.
- 3) In the presence of any complaints/concerns of sexual interaction or conduct contrary to applicable laws between any adult and Alateen member the AMIAS will be contacted by the Area Chairperson or the Area Alateen Coordinator and agrees to immediately withdraw from all Alateen service until the concern has been resolved.
- 4) If any concern is of conduct contrary to applicable laws, the party registering the complaint/concern will be instructed to contact local authorities. Any reporting is done on a personal basis rather than as an AMIAS, Alateen, or Al-Anon member

F. Background Check Process.

- 1) Fee: the Area will pay all fees required for the processing of a Background Check.
- 2) Application Process:
 - a. Background Checks are required for all first time applicants wishing to become an AMIAS or for those members who have let their AMIAS status lapse for any reason and wish to become an AMIAS again.
 - b. Required application forms will be available on the Colorado Area website (www.al-anon-co.org), from the current AAPP, or from the current Area Alateen Coordinator. Districts and/or Groups can keep a supply of the required application forms on hand if they wish; however, it is the District and/or Group's responsibility to ensure that all forms are the current versions.
 - c. Completed application forms along with all required documentation are to be submitted directly to the background check agency as designated by Al-Anon Family Groups of Colorado Area Assembly, Inc. for processing.
- 3) Criteria for passing background check to be confirmed by the service provider so that a "PASS/FAIL" report can be given as follows:
 - a. Verify the age of the applicant to be 21 years old or older.
 - b. Perform the requested background check to verify if the applicant has been convicted of a felony.
 - c. Perform the requested background check to verify if the applicant has been charged with child abuse or any other inappropriate sexual behavior.

NOTE: The Area reserves the right to immediately add additional criteria as approved by the Area Assembly, prior to physically updating this document.

- d. Review of Background Check results will be strictly the responsibility of the chosen service provider. The service provider will be requested to maintain its findings for a period of 12 months. Based on the above stated criteria, the service provider will deliver to the applicant a notice of either "PASS" or "FAIL".
- e. If the applicant receives a "PASS" notice, the Candidate may proceed with the process to become an AMIAS.
- f. If the applicant receives a "FAIL" notice and the applicant feels that there is an error in the service provider's findings, the applicant may contact the service provider directly to discuss the results. If an error is discovered by the service provider that resulted in an inaccurate notice (FAIL instead of PASS) to be sent to the applicant, the applicant will request the service provider to send an updated notice (PASS).

G. Alateen Group Registration:

- 1) Complete the Alateen Registration/Group Records Change Form⁸ and submit to the AAPP. (See Appendix F)
- 2) The AAPP will keep a record of the form, verify the AMIAS and forward it to the WSO for processing in accordance with the WSO standards and procedures.
- 3) The WSO will return the WSO ID # of the Group to the Current Mailing Address and the Area Records Coordinator.

H. Obtaining an Alternate/Substitute Alateen Group Sponsor for an Alateen Meeting:

- 1) If an Alateen Group Sponsor is not present for a meeting, the Alateen Group may request an Alternate/Substitute Alateen Group Sponsor in order to comply with the requirement of having two Alateen Groups Sponsors present, provided that the Alternate/Substitute Alateen Group Sponsor meets AFG of Colorado requirements for being an AMIAS.
- 2) In the event a qualified Alternate/Substitute Group Sponsor is not available, Alateen members will be taken to the AI-Anon meeting, if available, that runs concurrently with the Alateen meeting. Alateen members will be encouraged to fully participate in the AI-Anon meeting.
- 3) In the event a qualified Alternate/Substitute Alateen Sponsor is not available and there is not a concurrent AI-Anon meeting, no meeting can be held and present AI-Anon/Alateen members, over the age of 21, will contact all Alateen members' parent(s)/guardian(s) and request that the Alateen members be picked up immediately. At no time shall an Alateen member be left unaccompanied.

⁸ Appendix F

I. Obtaining Parental Permission and Medical Care Authorization for Alateen Events:

- 1) Complete the Alateen Information and Permission Form⁹; obtain parent or guardian signature and retain copy of form (See Appendix G).
- 2) Complete the Authorization to Obtain Medical Care Form¹⁰; obtain parent or guardian signature and retain a copy of form¹¹ (See Appendix H).

J. Transporting Alateen Members:

When transporting an Alateen Member to or from any Al-Anon/Alateen meeting or Al-Anon/Alateen event, AMIAS must have a completed Alateen Information and Permission Form (see Appendix G) completed by the Alateen Member's parent or legal guardian. It is recommended that two AMIAS's be present when transporting an Alateen Member to or from any Al-Anon/Alateen meeting or Al-Anon/Alateen event.

K. Overnight Housing of Alateen Members in Connection with an Al-Anon/Alateen Event:

An Alateen member should never be housed in a room with an adult member or other Alateen member of the opposite sex. While at an Al-Anon/Alateen event, if an Alateen member is to be housed with an adult, all adults must be AMIAS(s). It is recommended that there be two AMIAS present.

L. AMIAS holding Professional Licenses:

Any AMIAS that holds a professional license is reminded that, in some instances, their licensing requirements may supersede the requirements contained in this document. These members are advised to check with their licensing board to clarify any questions they might have as it relates to working with minors and possible follow-up and reporting requirements.

If it is determined by the AMIAS that their follow-up and reporting requirements do supersede the requirements contained in this document, it is the responsibility of the AMIAS to regularly inform the Alateen Group members of their follow-up and/or reporting requirements.

M. Document Revision:

All revisions to this document have been reviewed by legal counsel.

⁹ Appendix G

¹⁰ Appendix H

¹¹ Under Colorado law, the authorization to obtain medical care cannot exceed a period of nine (9) months.

Appendix A: Alateen Motion 51 from the Board of Trustees (December 8, 2003)

Motion:

The Alateen Advisory Committee, the Group Services Committee, the World Service Office Policy Committee, and the Board of Trustees of Al-Anon Family Group Headquarters, Inc. have studied the issues concerning the safety and behavior of Alateen members and individuals involved with Alateen service. The Board has reviewed the documents and actions of previous Conferences, previous Committees, and the World Service Office correspondence with legal counsel, individual members, Alateen Sponsors, Coordinators, as well as area and district officers.

The Board of Trustees has determined:

Not all areas have written safety or behavioral requirements for Alateens and individuals involved with Alateen service.

The WSO registration procedures and policies should support areas that have developed safety and behavioral requirements.

The Al-Anon fellowship should take all necessary steps to provide a safe environment for Alateens and the Al-Anons involved with Alateen service.

As Tradition Four states, "Each group should be autonomous, except in matters affecting another group or Al-Anon or AA as a whole." The Board of Trustees has determined that issues of safety and behavior by Alateens and individuals involved with Alateen service do affect every group and Al-Anon as a whole. The Board of Trustees, under Concept Seven and Warranty Four, is entrusted with the authority and responsibility to protect the Al-Anon and Alateen names and the organizational identity.

Now, therefore, the Board of Trustees resolves:

1. As soon as possible, but in any event, no later than December 31, 2004, if an area within the World Service Conference Structure uses the Al-Anon or Alateen name in conjunction with any meeting(s), group(s), convention(s), or any other gathering(s) in the area where Alateen participation is offered, the area must have safety and behavioral requirements for all Alateen members and Al-Anon Member[s] Involved in Alateen Service (AMIAS's). These safety and behavioral requirements must meet the minimum requirements of Al-Anon Family Group Headquarters, Inc.

2. Al-Anon Members Involved in Alateen Service and all Alateen members must adhere to the area's safety and behavioral requirements, or the area will notify the WSO that those members are prohibited from participating in Alateen service.

3. As soon as possible, but in any event, no later than December 31, 2004, and for each succeeding year, each area must have a process to certify, and must so certify to the WSO annually, that each Al-Anon member involved with Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.

4. The World Service Office will register only those Alateen groups whose registration it receives through the area's registration process. The WSO will remove from its registration list any Alateen group that the area determines does not comply with area safety and behavioral requirements. The area's request for removal of an Alateen group must be stated in writing to the Associate Director/Alateen. This applies to all Alateen groups, whether currently registered or not.

5. If the area states in writing to the Associate Director/Alateen that a group, meeting, convention, or gathering is failing to meet

the area's safety and behavioral requirements, prior registration or interaction with the World Service Office shall not constitute any continuing right to use the Al-Anon or Alateen name.

Minimum Safety and Behavioral Requirements (WSO)

1. Every Al-Anon member involved with Alateen service must:
 - a. be an Al-Anon member regularly attending Al-Anon meetings.
 - b. be at least 21 years old.
 - c. have at least two years in Al-Anon in addition to any time spent in Alateen.
 - d. not have been convicted of a felony, and not have been charged with child abuse or any other inappropriate sexual behavior, and not have demonstrated emotional problems which could result in harm to Alateen members.
2. There must be at least one Alateen sponsor at every Alateen meeting.
3. The area requirements must prohibit overt or covert sexual interaction between any adult and Alateen member.
4. The area requirements must prohibit conduct contrary to applicable laws.
5. The area requirements must contain procedures for parental permission and medical care when applicable.
6. The area requirements must be reviewed by local counsel.

Other points for the areas to think about in developing their requirements:

- Requiring two Alateen sponsors at every Alateen meeting.
- Having background checks.
- Considering behavior before, during, and after any Alateen meeting or activity of Alateens and adults involved with Alateen service.
- Connecting Alateen conferences to the area structure.
- Forming an Alateen meeting that meets at the same time and place as the Al-Anon meeting.
- Being gender conscious.
- Avoiding one-on-one interactions.
- Having an appropriate ratio of adults to Alateens at all times.
- Transporting Alateens to and from events.
- Educational training and awareness programs.

Appendix B: Applicable Laws

Al-Anon/Alateen groups, Al-Anon Members Involved in Alateen Service, and Area 5 members have a responsibility to be knowledgeable about the laws that affect them. Al-Anon and Alateen members are not exempt from the law. Federal and Colorado Laws affecting volunteers working with children include, without limit:

National Child Protection Act of 1993, 42 U.S.C. § 5119

Volunteers for Children Act of 1998, 42 U.S.C. § 5119(a) & (b)

Volunteer Protection Act of 1997, 42 U.S.C. §§ 14501-14505

Colorado Children's Code, C.R.S. §19-1-101, *et. seq.*

Colorado Criminal Code, C.R.S. §18-1-101, *et. seq.*

Colorado Volunteer Services Act, C.R.S. §§ 13-21-115.5 and 13-21-116, Immunity for volunteers assisting organizations for young persons

C.R.S. § 15-14-104, Delegation of powers by parent or guardian

C.R.S. § 16-22-102(9), Colorado Sex Offender Registration Act

C.R.S. § 13-22-107, Waiver by Parent of Prospective Negligence Claim.

Appendix C: Alateen Group Sponsor/Al-Anon Member Involved in Alateen Service Candidate Application Form

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

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Home Phone: () _____ Work Phone: () _____

I certify that I:

- a. am an Al-Anon member regularly attending Al-Anon meetings;
- b. am at least 21 years old;
- c. have at least two years in Al-Anon in addition to any time in Alateen;
- d. have not been convicted of a felony;
- e. have not been charged with child abuse or any other inappropriate sexual behavior;
- f. have submitted to a National (Federal) background check and received a passing notice;
- g. have not demonstrated emotional problems which could result in harm to Alateen members.

I 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 Colorado, and any other persons or entities from any liability for any damages or loss of whatever kind or nature that may result from the furnishing, collection or use of any information about me.

Signature _____ Date _____

Appendix D: Al-Anon Member Involved in Alateen Service Registration Form

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:

Appendix E: Al-Anon Member Involved in Alateen Service Status Change Form

The following member is no longer in active status as an Al-Anon Member Involved in Alateen Service:

Name _____

WSO ID# _____

Area # _____

District # _____

Status has been changed to (please check one):

Inactive (Cannot serve at this time) _____

Ineligible (Cannot serve at **any** time) _____

Submitted by Area Alateen Safety Process Person:

Name (print) _____

Signature _____

Area # Colorado Area #5

Date _____

Alateen Information and Permission Form

THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE

PARENTS/GUARDIANS: Please read, complete, sign this form and keep a copy for your records

ALATEENS: Please return this completed form to your sponsor or accompanying adult

SPONSOR/ADULT ESCORT: Keep the original copy of this form in your possession for the duration of time the Alateen member is in your charge.

ALATEEN MEMBER'S INFORMATION (MINOR)

First and Last Name:

Address:

City:

State/Province:

Zip/Postal Code:

Phone Number: ()

Date of Birth:

SPONSOR/ADULT ESCORT INFORMATION

First and Last Name:

Address:

City:

State/Province:

Zip/Postal Code:

Phone Number: ()

WSO ID #

EVENT INFORMATION

Name of Event:

Location of Event:

Address of Location:

Phone Number of Location:

Date & Time & Place of Departure:

Date & Time & Place of Return:

Mode of Transportation (include make, model, year of vehicle & license plate number):

CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name:

Address:

City: _____ State/Province: _____ Zip Code:

Phone Number: Home () _____ Work ()

During this event, I can be reached at: ()

NEAREST RELATIVE NOT LIVING WITH ALATEEN MEMBER OR PARENT/GUARDIAN

First and Last Name:

Address:

City: _____ State/Province: _____ Zip Code:

Phone Number: Home () _____ Work ()

HOLD HARMLESS STATEMENT

I am responsible for payment of any medical services required and obtained on the aforementioned Alateen member's behalf. I further hold harmless the event attended by my child, the Sponsor/Adult Escort, the group, district, Al-Anon Family Groups of Colorado Area Assembly, Inc. and all authorized representatives of the foregoing, and waive and release each of them from any and all liabilities, obligations, losses, damages, costs and expenses, causes of action, suits, claims, demands and judgments of any nature or description whatsoever including, without limit, claims for negligence in relation with the aforementioned Alateen member's participation in this activity or procurement of medical treatment.

Parent/Guardian Signature:

Date:

PARENTAL PERMISSION (to be signed in the presence of sponsor/escort)

I, _____ (Parent/Guardian name)

hereby grant permission for _____ (Minors Name)

to travel to and from and to participate in _____ (Event Name)

under the supervision of _____ (Sponsor/Escort Name)

beginning on ____/____/____ and ending on ____/____/____ (Dates of Event including Travel Time)

Parent/Guardian Signature: _____ Date: _____

Appendix H: Alateen Authorization to Obtain Medical Care Form

THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE

AUTHORIZATION TO OBTAIN MEDICAL CARE

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely and bear the original notary seal.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out and notarized.

DISEASES/MEDICAL CONDITIONS

(Alateen First and Last Name) _____ has (had) the following diseases or problems:

(Please Check)

- _____ Heart Trouble
- _____ Tuberculosis
- _____ Stomach Ulcers
- _____ Asthma
- _____ High Blood Pressure
- _____ Low Blood Pressure
- _____ Epilepsy
- _____ Liver Trouble (Hepatitis)
- _____ Fainting spells or Seizures
- _____ Diabetes
- _____ Hives

Other (Please describe):

ALLERGIES

(Alateen First and Last Name) _____ has (had) allergic reaction from the following:

(Please Check)

- _____ Penicillin
- _____ Local Anesthetics
- _____ Aspirin
- _____ Sulphur Drugs
- _____ Sedatives
- _____ Bee Stings/Insect Bites
- _____ Pollens
- _____ Foods (please list)

Other (Please describe):

CURRENT MEDICATIONS

Please list all prescriptions & over-the-counter drugs. These medications MUST be in their original container(s) with labels firmly in place.

(Alateen First and Last Name) _____ is currently using the following medications:

OTHER CONDITIONS OR PROBLEMS

(Alateen First and Last Name) _____ has the following condition or problems not listed above that you should know about (please explain):

MEDICAL INSURANCE INFORMATION

You must provide medical insurance information in the space below:

For the US:

Name of Insurance Co:

Employer Name:

Employee SSN:

Group ID Number:

(or attach a medical coupon if covered by Medicaid)

NOTARY STATEMENT

This form, Authorization to Obtain Medical Care, is not valid without a signed and sealed Notary Statement.

_____ (Sponsor/Escort/Responsible Party Name) is authorized upon my signature below to obtain any medical care necessary for the duration of the above stated function on behalf of

_____ (Participants Name)

who is my _____ (state relationship – self, son, daughter)

Dated this _____ day of _____, 20_____

(Signature – if 18 or over)

(Signature of Parent or Guardian, if under 18)

State of _____)

)ss

County of _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by:

Witness my hand and official seal:

(Notary Public)

My Commission Expires: _____

(SEAL)