AREA 33 RECERTIFICATION QUESTIONNAIRE FOR AMIAS

Legal First and Last Name:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip
E-mail:	Phone (with area code)	
(The al	bove information is required).	
Al-Anon members who are also men Alateen Sponsor by virtue of their Al Al-Anon interpretation of the program I understand that in order for me to capualifications: (please initial each ite	l-Anon membership. Emphasis im at all times. ontinue to be an AMIAS, I must	must be placed on the
-	nber regularly attending Al-Anor	n meetings.
• I am at least 21 years of	old.	
• I have at least two yea	rs in Al-Anon in addition to any	time spent in Alateen.
	eted of a felony and have not been kual behavior and have not demoin harm to Alateen members.	
• I agree to abide by the	Area 33 Alateen Safety and Beh	avior al Requirements.
to help the Alateen members with this objective, i.e., accus discontinue serving in this po	at as an AMIAS/Alateen Group of follow the Al-Anon program. Sloations, controversy, threats of persition until the matter is resolved by removal from the situation with the situation w	nould anything interfere rsonal harm, etc., I will l. Even if I feel totally

1

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Alateen members but will preserve the unity of the fellowship as well. I understand that stepping away from sponsoring an Alateen group is not an admission of guilt. I further agree to serve Alateen within my District and Area as needed in accordance with responsibilities for AMIAS.

As a condition of serving as an Al-Anon Member Involved in Alateen Service (AMIAS), I agree to hold harmless from liability, all Alateen Groups, Nebraska AFG, Inc., AFG Headquarters, Inc., District Officers, Area Officers, employees and volunteers of this organization. I understand that this organization and persons involved with the organization at all levels are not under any obligation to certify me as an AMIAS (which includes Alateen Group Sponsor). I further understand that any Alateen Group can decline to allow me in their meeting. Furthermore, by initialing the above statements and signing below, I certify that the statements are true and accurate to the best of my knowledge.

Signature:	Date:	
Printed Name:	· · · · · · · · · · · · · · · · · · ·	

Submit completed document to the Area 33 Alateen Coordinator by May 10th