

## THE KENTUCKY AREA ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS

As Tradition Four states "Each group should be autonomous, except in matters affecting another group or Al-Anon or AA as a whole". The Al-Anon Family Group Headquarters, Inc. 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. Therefore, it is within the scope of their authority to issue a mandate for minimum requirements for Alateen safety, and it is within the scope of the Kentucky Area's authority to expand these requirements and oblige adherence to the requirements as approved by the Area Assembly.

The following requirements are to assure the safety of Alateen participation in meetings within the Kentucky Area and to adhere to the Alateen Policy established by the 2003 Alateen Motion from the Board of Trustees.

The Kentucky Area Al-Anon will follow the policy for Alateen approved by the World Service Conference in accordance with the 2003 Alateen Motion from the Board of Trustees. The Conference approved Policy states that each Al-Anon Area will have Area Alateen Safety and Behavioral Requirements in place which meet or exceed the minimum requirements set by the 2003 Alateen Motion.

For the purpose of the Kentucky Area Alateen Safety and Behavioral Requirements, "Al-Anon Members Involved In Alateen Service" (AMIAS) shall mean Alateen Group Sponsors and any assigned interim Group Sponsor, Conference or Event Chaperones and Transportation Providers.

Kentucky Area must maintain compliance with the policy for Alateen as stated in the current Al-Anon/Alateen Service Manual for all groups or meetings. That policy states that only those Alateen groups that follow the Kentucky Area Safety and Behavioral Requirements will be registered with WSO. This includes completion of the Alateen group annual recertification process through the verification of information on the Annual Alateen Group Recertification Sheet. The AAPP (Appendix A) will collaborate with the Alateen Coordinator (Appendix B), the Area Chairperson and other trusted servants as needed to notify a group in writing if they are not in compliance.

The 2003 Policy states that, in order to use the Alateen name, the Area, all AMIAS, all Alateen members, and all Alateen meetings or events must be in compliance with The Kentucky Area's Alateen Safety and Behavioral Requirements. The Kentucky Area process outlines steps to meet these requirements in its AAPP Procedure, Alateen Coordinator Procedure and District Representative Procedures (Appendix C).

For the purpose of the Kentucky Area Alateen Safety and Behavioral Requirements, "Area Alateen Process Person" (AAPP) shall be the Area Chairperson, or someone appointed by the Area Chairperson.

## **I. Safety and Behavioral Requirements:**

- A. Every Al-Anon member involved with Alateen service must:
  - 1. Be an Al-Anon member regularly attending Al-Anon meetings.
  - 2. Be at least 21 years old, and not transport Alateens until age 25.
  - 3. Have at least two years in Al-Anon in addition to any time spent in Alateen.
  - 4. Comply with Area Requirements that prohibit overt or covert sexual interaction between any adult and Alateen member.
  - 5. Attend an AMIAS training prior to certification and every three years thereafter.
  - 6. Complete the Al-Anon Member Involved in Alateen Service (AMIAS) form.
  - 7. Not have been convicted of a felony, 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.
  - 8. Comply with the request for a background check (attached to this document) to be performed by the Area Alateen Process Person (AAPP) at the time of the first certification training. After having the initial background check done, a background check on all AMIAS persons will be done every three (3) years as long as the member remains active in service to Alateen.
  - 9. Be known within the district in which he/she will be serving Alateen by regular attendance at Al-Anon meetings.
  - 10. AMIAS may be certified by more than one Area; however, they must first be certified by the Area in which they reside.
  - 11. Members of AA, that also attend Al-Anon, can be AMIAS, but they cannot serve as Area Alateen Process Person or Area Alateen Coordinator.
- B. In order for an Alateen meeting to begin and continue to meet in any district, there must be an Al-Anon meeting at the same time and place, which is willing to support the group financially until the Alateen group can sustain itself. Exceptions to this would include in-school or institution meetings. The District Representative (DR) must attend each Alateen group in his/her district at least once during his/her term.
- C. There must be at least two Alateen Group Sponsors for every 10 Alateens at every Alateen Meeting. It is suggested that these sponsors be a male and a female.
- D. Overt or covert sexual interaction between any adult and Alateen member or between Alateen members is prohibited before, during or after any Alateen activity. Alateen members are required to report to a trusted Al-Anon member any physical/emotional or verbal interaction they consider objectionable.
- E. Conduct contrary to applicable laws is prohibited.

NOTE: The above items B, C, D and E are for Alateens, as well as Al-Anon Members Involved in Alateen Service.

## **II. Parental Permission and Medical Care, when applicable:**

A consent form, approved by Kentucky Area must be signed by a custodial parent/guardian whenever any Alateen member is transported to/from any local meeting or event. A notarized consent/medical form is required for any out-of-town event. The respective forms must be for the sole purpose of a specific meeting/event. A copy of the consent form must be kept in the possession of the person who is providing the transportation or acting as chaperone. (See attached G-34 Form A and Form B at the end of this document)

## **III. Process to Certify Al-Anon Members Involved with Alateen Service:**

- A. Each prospective Al-Anon member interested in serving Alateen must attend Al-Anon Member Involved in Alateen Service (AMIAS) Training and submit an AMIAS form to the appropriate District Representative. The Alateen Coordinator provides AMIAS forms and forms for Kentucky background checks (forms attached at the end of this document). Two Al-Anon references must be included on the AMIAS form along with the prospective sponsor's home group.
- B. Upon favorable recommendation, the District Representative will forward the AMIAS form and the completed background check form to the Area Alateen Process Person. If the applicant is a DR, the Alternate DR or the Alateen Coordinator must check references and sign the AMIAS form. If the applicant is declined, a letter will be sent to them from the AAPP, and a copy sent to the Alateen Coordinator.
- C. The Area Alateen Process Person will forward the background check form to the person/organization designated by the AWSC to perform the background check.
- D. Upon receipt of the completed background check, the AAPP will input the Al-Anon member information into the Online Group Records database to finalize the certification process.
- E. When notified by AFG Records with proof of certification, the AAPP forwards the e-mail to the member alerting them of certification status. (The DR, Area Delegate, and Area Alateen Coordinator all have read only access to the Online Group Records database where all Alateen groups and AMIAS are visible.)
- F. The Area Alateen Process Person will maintain a confidential file of original Al-Anon Members Involved in Alateen Service forms processed along with the approved background check forms that are maintained in a secure location.
- G. The Area Alateen Process Person will forward incomplete Al-Anon Members Involved in Alateen Service forms to the DR for completion and return for reprocessing.

## **IV. AMIAS Trainers:**

To be an AMIAS Trainer you are required to:

- A. Be a certified AMIAS
- B. Provide a training under the supervision of the Area Alateen Coordinator who will approve the AMIAS to serve as a trainer
- C. Have no gaps in AMIAS Certification. If the AMIAS has a gap in Certification, they must re-train as a Trainer.
- D. As a Trainer you are allowed to give the AMIAS training. You agree to work with the Alateen Coordinator, AAPP and comply with all requirements.

**V. AAPP Process for Certification/Recertification of Al-Anon Members Involved in Alateen Service:**

- A. Al-Anon Member Involved in Alateen Service form is electronically submitted through the Area process. If the form is not received through the area process it will be sent to the Area Alateen Process Person unprocessed.
- B. AAPP enters Al-Anon Member Involved in Alateen Service form information into the WSO Online Group Records database for processing.
- C. Al-Anon Members Involved in Alateen Service are required to recertify annually. This listing appears as a separate Recertification page in the Online Group Records database in January. The Kentucky Area deadline to complete recertification of AMIAS will be May 31st before 12 Midnight.

**VI. WSO Registration and Annual Alateen Group Recertification Updates:**

- A. Only those Alateen groups that follow the Kentucky Area registration process will be registered.
  - 1. The new Alateen group will forward the group registration form along with the sponsor's Al-Anon Member Involved in Alateen Service form to the DR. When the Al-Anon Member Involved in Alateen Service form is sent with the group registration form it will be processed as per V. above.
  - 2. DR will submit forms to the Area Alateen Process Person who will enter the Alateen Group information into the Online Group Records database. The WSO will assign the Alateen Group ID number. The Area Alateen Process Person will notify the Alateen Coordinator of new group registrations. Registration forms that are incomplete or filled out incorrectly will be returned to the DR for clarification.
- B. Alateen groups will receive an Annual Alateen Group Recertification Sheet which is mailed to the group Current Mailing Address (CMA) from WSO. This form needs to be reviewed, updated (if indicated) and returned to the AAPP within 30 days (may be electronic response or mailed). Failure to update the Alateen group information will result in the Alateen group being inactivated. The Alateen Group will be inactivated from the Online Group Records database within one business day of notification to WSO. This will remove the Alateen meeting information from display on al-anon.org.

**VII. Updating changes for existing Alateen Groups:**

- A. Changes involving new AMIAS supporting the Alateen group must include the Al-Anon Member involved in Alateen Service form, the Alateen Group Sponsor, the Current Mailing Address and phone contact.
- B. Notification of processed group changes are reflected in the Online Group Records database as entered by the Area Alateen Process Person.
- C. An Annual Alateen Group Recertification Sheet will be postal mailed to Alateen groups in March by the WSO.

**VIII. Failure to comply with Kentucky Alateen Safety and Behavioral Requirements:**

Failure of an Alateen group sponsor/AMIAS to comply with the Kentucky Alateen Safety Behavioral Requirements will result in the inactivation of AMIAS status which will prohibit participation in Alateen service.

**XIX. Additional Responsibilities of AMIAS serving as Alateen Group Sponsors:**

- A. Have a working knowledge of the Twelve Steps, Twelve Traditions and Twelve Concepts.
- B. Know how to contact District Representative and Area Alateen Coordinator.
- C. Attend the Alateen meeting each week or arrange for a certified AMIAS substitute.
- D. Keep the meeting safe and provide guidance to help the teens keep the focus on the Al-Anon/Alateen program
- E. Coordinate the participation of Alateen members in District and Area Al-Anon functions. In the spirit of self-support expenses for an Alateen Group Representative (GR) and an Alateen group sponsor to attend area assemblies will be provided by the Alateen group, the Al-Anon group or, if needed, by the district and then the area.
- F. Provide continuity to the Alateen group.
- G. Become familiar with Alateen literature.
- H. Respect and protect the Alateen members' anonymity.
- I. Encourage the Alateen members to take responsibility for themselves and their group.
- J. Inform the Alateen group no Alateen meeting can take place without the required Alateen Group Sponsors in attendance. In this instance, Alateen members may consider attending the Al-Anon meeting.

**X. Alateen Group Responsibilities:**

- A. Keep the Alateen focus.
- B. Respect each other's anonymity, including sponsors.
- C. Maintain appropriate behavior by establishing guidelines before, during and after the meeting.
- D. Resolve group problems by use of the following: Group Inventory (G-8) & the Alateen Service e-Manual.
- E. Respect the meeting facility.
- F. Obey all National, State and Local laws.
- G. Become financially self-supporting.
- H. Participate at District and Area meetings.

**XI. Al-Anon Group Responsibilities:**

- A. Welcome Alateens into the Al-Anon meeting when no Alateen Group Sponsors are available.
- B. Assist with Alateen group expenses as needed.
- C. Participate in and support open sharing meetings with Alateens.
- D. Maintain a supply of Alateen literature at the Al-Anon meeting.

**XII. Who may attend an Alateen meeting?**

- A. Area certified Group Sponsors assigned to the group can attend.
- B. Designated Area Trusted Servants may occasionally attend the meeting as a resource to the group
- C. Only current Alateen members and prospective Alateen members ages 10-19

### **XIII. Responsibility of Area Trusted Servants:**

District Representative, after consultation with the Area Alateen Coordinator and the AAPP, has the responsibility to remove any Alateen Group Sponsor who has displayed inappropriate behavior, is a threat to the unity of the group, or no longer meets the sponsor qualifications. The WSO will register only those Alateen groups whose registration it receives through the Kentucky Area registration process. The WSO will remove from its registration list any Alateen group that the Area determines does not comply with Kentucky Area Alateen Safety and Behavioral Guidelines. The Area's request for removal of an Alateen group must be stated in writing to the AAPP. This applies to all registered Alateen groups. If the Area Delegate or Alateen Coordinator states in writing to the AAPP that a group, meeting, convention or gathering is failing to meet the Kentucky Area Alateen Safety and Behavioral Requirements, prior registration, or interaction with the WSO shall not constitute any continuing right to use the Al-Anon or Alateen name. Al-Anon Members Involved in Alateen Service (AMIAS) and all Alateen members must adhere to the Kentucky Area Alateen Safety and Behavioral Requirements. The Area Alateen Process Person will inactivate those AMIAS and Alateen groups that are not in compliance with the Kentucky Area Alateen Safety and Behavior Requirements.

### **XIV. Alateen Complaint/ Non-Compliance Procedures:**

The following procedures are to be followed in the event a complaint is received. It should be noted, all complaints should be handled at the district level if possible. If the complaint involves non-conformity or non-compliance with Kentucky Area Safety and Behavioral Requirements, concerns about inappropriate behavior by a Sponsor or Al-Anon Member Involved in Alateen Service (AMIAS), the following steps must be taken:

1. The Alateen making the complaint, or their representative, should contact the Group Representative/CMA of the Sponsoring Al-Anon Group.
2. The GR/CMA should contact the following:
  - a. The District Representative (DR) of the Alateen's home group must be notified.
  - b. The Alateen Coordinator must be notified.
  - c. The Area Alateen Process Person (AAPP) will be notified.
3. The Area Delegate will be notified by the Alateen Coordinator. This notification is for informational purposes only. The Area Delegate will be kept informed of the progress made and of any circumstances warranted. Anonymity will be protected at all levels. Only the minimum number of persons necessary will be provided with the names of anyone involved. To ensure anonymity, names will be disclosed only if necessary (and only as a last resort).
4. The Alateen Coordinator, the AAPP and the DR will conduct an interview of the Alateen. This interview must be conducted with the Alateen Coordinator, AAPP and the DR together. If the Alateen chooses, his/her Alateen Group Sponsor, legal guardian or another adult of their choosing may be present during this process.
5. The Alateen Coordinator, AAPP and DR will interview the person with whom the complaint has been lodged.
6. The Alateen Coordinator, AAPP and DR will determine to the best of their ability the validity of the claim.
  - a. If there is conflicting information, a joint meeting between the Alateen and the person with whom the complaint has been lodged may be requested.
    1. If the Alateen Group Sponsor or AMIAS declines this joint meeting, the

- person will be asked to step away from the group temporarily until the issue is resolved.
2. If the Alateen declines this joint meeting, the Alateen Group Sponsor or AMIAS may either be asked to step down or no further action will be taken. This decision will be based on the judgement of the Alateen Coordinator, AAPP and DR.
  - b. If it can be determined there is sufficient cause, the Alateen Group Sponsor or AMIAS will be asked to step away from the group temporarily until the issue is resolved. They will be informed of the Appeal process.
    - Sufficient cause can be interpreted to mean for the safety and welfare of the Alateen, AI-Anon or Alateen as a whole, and may be under such circumstances where neither guilt nor innocence is implied.

**XV. Incidents Involving Complaints Received from Others (this includes anyone directly involved with the complaint):**

1. The Alateen Coordinator, The AAPP and the DR investigate all complaints.
  - a. They will use the Kentucky Area Safety and Behavioral Requirements, G-34 Alateen Safety Guidelines, the safety and welfare of Alateens and the "good of the program" as guiding principles.
  - b. The Alateen Coordinator will inform the DR of the home district of the complaint and that there is an investigation. The initial disclosure will only be that an investigation is taking place. Disclosure of specific information (names, allegations, etc.) will not be discussed at this time. More specific information may be discussed as the investigation warrants.
2. All initial interviews with the accused and everyone involved will take place in person.
  - a. The Alateen Coordinator and the AAPP and the DR will conduct an interview of everyone separately. If an Alateen member is involved in this process, they may choose the Alateen Group Sponsor and/or parent/legal guardian or another trusted adult to be present during this process.
  - b. The person against whom the complaint has been lodged may request the presence of his/her DR, Personal Sponsor, Service Sponsor, or other AI-Anon/Alateen member during the interview.
  - c. Follow-up information may be gathered by other available means (e.g., Phone, e-mail, other indirect communications.)
3. The Alateen Coordinator can ask any Alateen Group Sponsor or AMIAS to resign or temporarily step away from the group temporarily until the issue is resolved within the scope of Section XIV 6. a.1 as noted.

**XVI. AI-Anon Member Involved in Alateen Service Candidate Non-Compliance:**

If an Alateen Sponsor Candidate does not meet the minimum Kentucky Area Safety and Behavioral Requirements it is the responsibility of the DR to not sign approval, contact the Alateen Coordinator, and advise the Candidate of non-approval.

**XVII. Alateen Group Sponsor or AMIAS Non-Compliance:**

1. When an Al-Anon member becomes aware that a person who sponsors an Alateen group is not in compliance with Kentucky Area Alateen Safety and Behavioral Requirements the member has the responsibility to notify their Group Representative/CMA of the Sponsoring Al-Anon Group.
2. The GR/CMA should contact the following:
  - a. The District Representative (DR) of the Alateen Group must be notified (if there is no DR the Alateen Coordinator should be notified).
  - b. The Alateen Coordinator must be notified.
  - c. The Area Alateen Process Person (AAPP) will be notified.
3. All initial interviews with the accused and everyone involved will take place in person.
  - a. The Alateen Coordinator and the AAPP and the DR will conduct an interview of everyone separately. If an Alateen member is involved in this process, they may choose the Alateen Group Sponsor and/or parent/legal guardian or another trusted adult to be present during this process.
  - b. The person against whom the complaint has been lodged may request the presence of his/her DR, Personal Sponsor, Service Sponsor, or other Al-Anon/Alateen member during the interview.
  - c. Follow-up information may be gathered by other available means (e.g., Phone, e-mail, other indirect communications.)
4. The Alateen Coordinator can ask any Alateen Group Sponsor or AMIAS to resign or temporarily step away from the group temporarily until the issue is resolved within the scope of Section XIV 6. a.1 as noted.
5. If another Alateen Group Sponsor/certified AMIAS is not immediately available, the DR, AAPP or Alateen Coordinator must notify the Alateen group that they are temporarily inactive and welcome in the Al-Anon meetings until they have a certified AMIAS to serve the group.
6. The Alateen Coordinator notifies Area Website Coordinator, and all AWSC members that this group is inactivated and does not have an Alateen Sponsor.

**XVIII. Alateen Complaint/Non-Compliance Appeal Process:**

In the Spirit of the principles of the Al-Anon program, the Kentucky Area Alateen Safety and Behavioral Requirements provide an Appeal Process for any AMIAS/Alateen Group Sponsor **against whom the complaint has been lodged** for noncompliance and who wish to make an appeal.

1. The individual making the appeal will be required to send a written request to their DR within 30 days of receipt of the decision of the reviewers with the intent to appeal the decision.
2. Upon receipt of request of appeal, the DR will schedule a meeting with the Area Alateen Coordinator and AAPP within 14 days. The AMIAS/Alateen Group Sponsor can present information or witnesses to support the appeal.
3. After this Appeal meeting, the Area Alateen Coordinator, AAPP, and the DR will meet and make a final decision. The AAPP will report the decision to the individual appealing in writing, sent by certified mail within 14 days.

**XIX. Legal counsel will review the Kentucky Area Alateen Safety and Behavioral Requirements any time a change is made to the requirements or the process prior to sending to WSO for approval.**



### **Alateen Convention and Events Behavioral Requirements**

Kentucky Area Alateen events are held at regularly scheduled times each year. The Kentucky Area participates in the Kentucky, Ohio, Michigan, Indiana Alateen Convention (KOMIAC). The time and group sponsoring KOMIAC will be decided by the host Area for KOMIAC, which can be amended as needed.

Alateen members are invited to attend all Area Al-Anon and Alateen functions.

Conventions and events using the Alateen name in the Kentucky Area will abide by these Alateen Safety and Behavioral Requirements.

- i. Alateen members must be at least age 10 by the event date to be eligible to attend.
- ii. There will be 2 AMIAS for every 10 Alateens participating in an event.
- iii. Each Alateen member is responsible for their his/her own behavior, keeping in mind the Twelve Steps and Twelve Traditions of Alateen.
- iv. The Alateen member is responsible for their own personal property which becomes lost, stolen, or damaged. The Alateen member is also responsible for any property damaged by that Alateen member.
- v. Each Alateen is to treat sponsors and other adults with courtesy, trust, and respect. Sponsors are to treat all Alateen members with courtesy and respect. To be sure that there are no misunderstandings of expectations, please ask questions on what the requirements mean and what sponsors expect.
- vi. In case of an emergency, Alateen members may leave the conference, meeting, or event with express permission from their assigned AMIAS and must be accompanied by an AMIAS or custodial parent/legal guardian. Alateen members are strongly discouraged from driving their personal vehicle to conferences, meetings, or events. Keys will be held until the end of the event by assigned AMIAS.
- vii. Identification badges are always worn in plain sight.
- viii. All Alateen members are expected to attend all scheduled Alateen and/or Al-Anon meetings unless they are excused by their assigned AMIAS.
- ix. Courtesy requires that entering and leaving the meeting be kept to a minimum. Giving loving support to each person requires that side conversation and horseplay be avoided.
- x. Possession of a weapon or use of alcohol, illegal drugs, or use of over-the-counter drugs contrary to physician or manufacturer's recommendations is strictly forbidden. Any teen or AMIAS found to possess or be under the influence of above substances or possessing a weapon will be sent home at his/her own expense.
- xi. All prescription medications must be given to the nurse to keep during the Mini Convention event to be dispensed as prescribed.

Agreed upon and signed this date of: \_\_\_\_\_

Alateen Member Signature: \_\_\_\_\_

Alateen Member Printed Name: \_\_\_\_\_

Alateen Sponsor Signature: \_\_\_\_\_

Alateen Sponsor Printed Name: \_\_\_\_\_

## **Kentucky Area Alateen Treasury Requirements**

The Kentucky Area Alateen Treasury was established to provide funds for the Alateen members within the Kentucky Area for these purposes:

**PURPOSE ONE:** The primary purpose of the Kentucky Area Alateen Treasury is to provide funds to charter a bus to transport Kentucky Alateen members and AMIAS to the Kentucky-Ohio-Michigan-Indiana Alateen Convention (KOMIAC) ONLY WHEN the convention is held in areas other than Kentucky. A reserve of \$150.00 will be held in the Kentucky Area Alateen Treasury at all times for the purpose of providing seed money for the Kentucky Area Alateen events.

- Alateen events will be held twice each year at regularly scheduled times.
- At the State (area) meeting at KOMIAC, an Alateen group requests to host one of the mini conventions.
- Alateen Group Sponsor requests the \$150 seed money from the Alateen Coordinator for the purpose of obtaining supplies to host the Kentucky Area Alateen event.
- Alateen groups may charge a registration fee in the spirit of self-support to restore the seed money.
- Proceeds from the registration fees that exceeds the seed money are turned over to the Kentucky Area Alateen Treasury.

**PURPOSE TWO:** The Kentucky Area Alateen Treasury will maintain a reserve of funds in the amount of \$150.00 to purchase items for fundraising at the Kentucky Area Al-Anon Convention with Alateen participation.

- It is traditional to obtain a set of current convention Speaker (Al-Anon, AA, Alateen) recordings which are paid for from fundraising. The Area Alateen Coordinator or the Alateen Liaison to the Al-Anon Convention contacts the individual contracting to record the convention to arrange obtaining a set.

**PURPOSE THREE:** The State Alateen Representative's expenses to attend the Area World Service Committee and Area Assembly meetings are to be paid from the Kentucky Area Alateen Treasury for their one-year term.

- The State Alateen Area Representative will submit expenses (receipts) to the Area Alateen Coordinator for reimbursement for: motel room, gasoline, and meals. This position is elected at KOMIAC each year for a one-year term to represent Alateen at the AWSC and Area Assemblies.

### **Alateen Fundraising:**

Proceeds from fundraising at the Kentucky Area Al-Anon Convention with Alateen participation and Kentucky State AA Convention with Al-Anon participation are deposited to the Kentucky Area Alateen Treasury.

- All fundraising efforts at the Kentucky Area Al-Anon Convention will follow the Area Convention Guidelines regarding Al-Anon/Alateen fundraising and will follow the guidelines identified in the Al-Anon/Alateen Service Manual.
- The Alateen Liaison to the Kentucky Area Convention Host Committee will seek approval for any proposed fundraising efforts from the Host Committee prior to the convention.

**The Alateen Area Coordinator and the Kentucky Area Treasurer shall be bonded.**

The Kentucky Area Alateen Treasury is to be set up as a double signature account by the Area Alateen Coordinator

## **APPENDIX A**

### **DUTIES OF THE KENTUCKY AREA ALATEEN PROCESS PERSON**

The AAPP (must be certified AMIAS) processes all AMIAS certifications/recertifications and Alateen Group registrations/changes for the Area and is the point of contact with the WSO Group Records Department.

Maintains responsibility for required forms, documents and other information regarding certification and recertification of AMIAS for the Area.

- Maintains confidential and secure storage for information
- Receives and maintains training to administer background checks in accordance with the requirements of the Agency chosen by the AWSC for Background Checks
- Is a member of the Kentucky AWSC and has the authority to contract with agencies regarding Background Checks and other necessary administrative details, on behalf of the Kentucky Area.
- Assures that all forms are available to AMIAS and Districts so that Alateens and their Legal Guardians can update and provide necessary forms.
- Maintains records that AAPP can recertify our Area AMIAS and Alateen groups according to the WSO guidelines and deadlines.

Maintains and updates the Online Alateen Group Records application from the WSO for all AMIAS and Alateen groups.

In cases where groups and/or individuals have failed to meet the requirements of certification the Alateen meeting, or individual will be inactivated on May 31<sup>st</sup>.

Participates in all WSO Training and stays up to date on the Area process and policy regarding Alateens.

#### **Al-Anon Member Involved in Alateen Service Form Updates:**

Annual Recertification-AFG Records creates a recertification page in the Online Group Records application of all eligible AMIAS to be recertified beginning in January. Each member is verified as recertified or moved to inactive based on compliance with training and documentation as indicated in this ASBR. The list is to be processed and completed by May 31st before 12 midnight.

The Area Alateen Process Person's contact at the WSO is AFG Records Department.

The AAPP will provide a list of current certified AMIAS prior to KOMIAC.

## **APPENDIX B DUTIES OF THE KENTUCKY AREA ALATEEN COORDINATOR**

**PURPOSE:** According to the Area Alateen Coordinators Guideline (G-24) found on al-anon.org the Area Alateen Coordinator (AAC) is the vital link of communication between the WSO and the Area on matters relating to Alateen. The Coordinator is a resource for Alateen at all levels of service.

**TERM:** The AAC is appointed by the Area Chairperson and serves a three (3) year term.

**QUALIFICATIONS:** The AAC must be AMIAS certified. The AAC should be an active group sponsor or have been active in Alateen service. (This requirement allows for the Coordinator to better understand Alateen groups and group sponsorship.) The AAC should have attended at least one KOMIAC (Kentucky Ohio Michigan Indiana Alateen Conference) prior to being appointed to the position.

**AREA RESPONSIBILITIES:** In addition to the WSO Guideline, responsibilities of the AAC are as follows:

- Attends and has a vote in all Area World Service Committee Meetings (AWSC) four (4) times a year: January, March, June, and October.
- Attends all Area assemblies three (3) times a year: March, June, and October.
- Coordinates Alateen fundraiser at Area Assembly for Kentucky Area Alateen Treasury.
- Provides a report at each Area Assembly, detailing Alateen activity in Kentucky Area, KOMIAC activities and a financial report for the Kentucky Area Alateen Treasury.
- Provides printed copies of Alateen Coordinators Report and Area Alateen fliers for upcoming events.
- Promotes and provides fliers for Alateen Awareness Month in Kentucky Area each October (Per AWSC and Area Assembly vote).
- Administers and maintains AMIAS Training Program.
- Updates AMIAS Trainings and Workshop Presentations as needed.
- Conducts Area AMIAS Trainings as needed or requested by districts. (The AAC does trainings for districts that do not have a District Alateen Chairperson or District Alateen Trainer. The Coordinator may travel to District trainings or set up trainings at Area Assemblies.)
- Approves and trains all Area AMIAS Trainers. (Recommended qualification for Trainers is being an active AMIAS and Alateen Group Sponsor for a minimum of 2 years.) Once a Trainer has been qualified by the current AAC, they may continue in service as a Trainer, provided they maintain active AMIAS status, and stay up to date with changes in the Kentucky Area Alateen Requirements.
- Works with District Alateen Chairperson to provide AMIAS trainings as needed.
- Provides AMIAS training fliers to Area Website Coordinator, the local AIS office, and District Representative (DR) for any upcoming AMIAS trainings.
- Communicates regularly with all AMIAS and District Alateen Chairpersons, providing updates and communications from WSO.
- Facilitates any AMIAS meetings, Alateen meetings or Alateen related workshops at Area Assemblies.
- Works with District Alateen Chairpersons, DRs, and Alateen groups to resolve group issues.
- Works with the Area Alateen Process Person (AAPP) to keep training paperwork and recertification information up to date.

- Works with AAPP to help keep group records up to date.
- Works with the Alateen State Representative and their Alternate to be sure they attend Area Assemblies and provide a report on Alateen activities and KOMIAC.
- Maintains the Kentucky Area Alateen Treasury Account per page 12 and 13 in Kentucky Area Alateen requirements.
- Organizes two (2) fundraisers each year and provides an item for raffle (Raffle item is paid for by Kentucky Area Alateen Treasury). These fundraisers will be at the Kentucky Area Al-Anon Convention and the Kentucky state AA convention with Al-Anon participation. Proceeds from each convention are to be deposited in the Kentucky Area Alateen Treasury and utilized per the Treasury guideline in the Kentucky Area Alateen Requirements.
- As treasurer, provides \$150.00 in seed money from the Kentucky Area Alateen Treasury to Area Alateen groups that host mini-Conventions. (Kentucky Area Alateen Treasury Requirements, Page 12 and 13 of Kentucky Area Alateen Requirements).
- Attends all Area Alateen conventions and events as possible.
- Visits each Alateen meeting in Kentucky Area at least once during their term as Coordinator.

### **KENTUCKY, OHIO, MICHIGAN, INDIANA ALATEEN CONFERENCE (KOMIAC)**

#### **RESPONSIBILITIES:**

- The Kentucky AAC sits on the Board of Directors of KOMIAC for their 3-year term. They are responsible for staying in contact with the Area Coordinators from the participating states and keeping the current Alateen representative connected to the current KOMIAC Board activities.
- Reserves a bus for transportation to and from KOMIAC, when not being hosted in Kentucky. (Paid from Kentucky Area Alateen Treasury).
- Provides assistance to Area Alateens (their sponsors, custodial parents/legal guardians) that choose not to ride bus, with covering transportation costs to KOMIAC. (Paid from Kentucky Area Alateen Treasury).
- Secures a central location for groups to meet and board bus for KOMIAC. (Location must have a secure parking area for adults to leave cars over the weekend.)
- Reserves lodging and meal expenses for bus driver for weekend. (Drivers generally stay at a hotel over the weekend instead of returning home.)
- Distributes KOMIAC Registration packets to Alateen Group Sponsors via email.
- Works with groups to help fundraise for KOMIAC registrations and expenses.
- Works to secure donations from individual members and Al-Anon groups to provide scholarships for KOMIAC registrations when necessary.
- Chairs the State meeting for Kentucky at KOMIAC. The new Alateen State representative and their Alternate are elected by the Alateens during their annual meeting. The KOMIAC Chair, Co-chair, Treasurer and Secretary are elected in INDIANA prior to Kentucky hosting KOMIAC. The Chair shall serve as State Representative during that year and their Co-chair shall serve as Alternate. The groups also will plan and schedule two (2) Alateen mini conventions during this meeting one in the spring and one in the fall (mini conventions are a gathering of Alateen Groups from the Kentucky area meeting for a day or ½ day sharing experience, strength, and hope).
- Works with the AAPP to be sure all Alateen Group Sponsors are up to date on their AMIAS certifications prior to the month of May before KOMIAC. The AAPP will provide a list of current certified AMIAS and their WSO ID numbers prior to KOMIAC.

**APPENDIX C**  
**DISTRICT REPRESENTATIVE GUIDELINES AS RELATED TO ALATEEN**

Process to Certify Al-Anon Members Involved in Alateen Service (AMIAS):

- A. Each prospective AMIAS must complete and submit an Al-Anon Member Involved in Alateen Service (AMIAS) form, a Kentucky State Police Background Check form or Administrative Office of the Court form AOC-RU-00411/13 (or most current form) and a check list for AMIAS Training form to the Trainer who will submit them to the appropriate District Representative (DR). Two Al-Anon references must be included on the bottom of the AMIAS form along with the prospective AMIAS's home group.
- B. Upon favorable recommendation from two Al-Anon references, the DR will sign and forward the AMIAS form and the completed background check form to the Area Alateen Process Person (AAPP). If the applicant is a DR, the Alternate DR or the Alateen Coordinator must check references and sign the AMIAS form.
- C. If the applicant is declined due to references provided by the applicant, the unsigned form will be sent to the AAPP. The applicant will be informed of the appeal process.
- D. The DR asks for AMIAS to serve as District Alateen Chairperson and District Alateen Trainers.

Note:

- The AAPP will notify the AMIAS applicant, the appropriate DR, and the Alateen Coordinator of the status of the application.
- Upon satisfactory background check results, the AAPP will update the Online Group Records database to submit to WSO for review and approval. The Area Authorized Signature Role in the Online Group Records application validates that the AMIAS has met the area requirements. It is NOT verifying or taking responsibility for the behavior of the AMIAS.
- The AAPP will maintain a confidential file in a secured location of original AMIAS forms returned to the Area after WSO processing along with the approved background check forms.
- The AAPP will forward incomplete AMIAS forms to the DR for completion and return for reprocessing.



# 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  
Please Print Name Below:

\_\_\_\_\_  
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:

*Above member must list 2 references & phone numbers. Member's home group must be listed below. District Representative must sign below after checking the references.*

\_\_\_\_\_  
Home Group of Above Member

\_\_\_\_\_  
District No.

\_\_\_\_\_  
Reference 1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Reference 2

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
DR's Signature

**ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
1001 VANDALAY DRIVE  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381  
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

**Individuals**

Requesting a record on yourself requires a \$25.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

**Nonprofit/Commercial/Others**

Requesting a record on individuals requires a \$25.00 fee (**check or money order**).

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS/P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

***I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.***

**\* ALL INFORMATION BELOW IS REQUIRED.**

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Requestor/Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

**Please denote which purpose applies to this request:**

☐ Employment

☐ Criminal Investigation

☐ Screening Housing Applicants

☐ Volunteer/Care over Juvenile

☐ Licensing

☐ Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip



**Indiana State Police**  
**Criminal History Information**  
**Limited Criminal History**  
**& Fee Exemption**  
**317-233-5424**  
**www.IN.gov/ISP**

ID Billing Number  
Or Customer ID #

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

**PLEASE TYPE OR PRINT ALL INFORMATION.**

**RECORD CHECK ON:**


Last Name


First Name

M.I

--	--	--	--	--	--	--	--	--	--

Social Security Number\*


Place of Birth

--	--	--	--	--	--	--	--	--	--

Date of Birth MM / DD / YYYY

M = Male  
F = Female

--

Sex

W = White B = Black  
U = Unknown M = Multi Racial  
I = American Indian Alaskan  
A = Asian / Pacific Islander

--

Race

**REASON FOR SEARCH**

Private Adoption, Employment,  
Licensing (type), etc.

( )

Daytime Telephone Number

Name

**(where this response will be sent)**

Mailing Address (number and street)

City, State, ZIP Code

**ATTENTION:**

**Limited Criminal History Information – Reason for Request**

The cost is \$7.00. Mark an "X" in one box below for this request.  
Certified check or money order must be enclosed if request is mailed.

**Money orders will be accepted in person.**

- (1) ☐ Has applied for employment with a non-criminal justice organization or individual;
- (2) ☐ Has applied for a license or is maintaining a license; and has provided criminal history data as required by law to be provided in connection with the license.
- (3) ☐ Employment with a state or local governmental entity.
- (4) ☐ Is a candidate for public office or a public official;
- (5) ☐ Is in the process of being apprehended by a law enforcement agency;
- (6) ☐ Is placed under arrest for the alleged commission of a crime;
- (7) ☐ Has charged that his rights have been abused repeatedly by criminal justice agencies;
- (8) ☐ Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- (9) ☐ Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
- (10) ☐ Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- (11) ☐ Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
- (12) ☐ Is being investigated for welfare fraud by an investigator of the Division of Family Resources, or a county office of the Division of Family Resources;
- (13) ☐ Is being sought by the parent locator service of the Child Support Bureau of the Division of Family Resources;
- (14) ☐ Is or was required to register as a sex and violent offender under IC 5-2-12; or
- (15) ☐ Has been convicted of any of the following:
  - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
  - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
  - (C) Child molesting (IC 35-42-4-3).
  - (D) Child exploitation (IC 35-42-4-4(b)).

(Continued on page 2)

- (E) Possession of child pornography (IC 35-42-4-4(c)).
- (F) Vicarious sexual gratification (IC 35-42-4-5).
- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.
- (K) Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J).
- (L) Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J).
- (M) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).

**A Subject**

- (16) ☐ is identified as a possible perpetrator of child abuse or neglect in an assessment conducted by the department of child services under IC 31-33-8; or
- (17) ☐ is:
- (A) a parent, guardian or custodian of a child; or
  - (B) an individual who is at least eighteen (18) years of age and resides in the home of the parent, guardian or custodian; with whom the department of child services or a county probation department has a case plan, dispositional decree, or permanency plan approved under IC 31-34 or IC 31-37 that provides for reunification following an out-of-home placement.

**REASON FOR NO FEE REQUEST**

**Before checking any box below read the defined Indiana Code IC 10-13-3-36**

- A. ☐ Has been in existence for ten (10) years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B. ☐ Home Health Agency (Copy of license must accompany this request).
- C. ☐ Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
- D. ☐ Is a supervised group living facility licensed under IC 12-28-5.
- E. ☐ An area agency on aging designated under IC 12-10-1.
- F. ☐ Community action agency (as defined in IC 12-14-23-2).
- G. ☐ Owner operator of a hospice program licensed under IC 16-25-3.
- H. ☐ Community mental health center (as defined in IC-7-2-38).
- I. ☐ Department of Child Services (as defined in IC 1-13-3-27-5).
- J. ☐ Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
- K. ☐ (1) The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;  
(2) The request is made as part of a background investigation of a prospective or current adult volunteer; and  
(3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

**WARNING PENALTY FOR MISUSE**

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

**I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.**

**PRINT Name of Requester**

**Signature of Requester**

**Date (month, day, year)**

**We accept certified checks and money orders in person only. "NO" personal checks.**

All checks made payable to the **STATE OF INDIANA.**

Mail request to:

Indiana State Police, Criminal History Limited Check

P.O. Box 6188

Indianapolis, Indiana 46206-6188

# FORM A: INFORMATION AND PERMISSION FORM

page 1 of 2

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

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

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

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMAI'S 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

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: (     ) \_\_\_\_\_

## 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)

# FORM A: INFORMATION AND PERMISSION FORM

page 2 of 2

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

## CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

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

## NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

First, Last Name & Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

## HOLD HARMLESS STATEMENT

As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

\_\_\_\_\_  
(Insert name and WSO registration number (if known) of group, district, Al-Anon Information Service office, and/or Area)  
or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL PERMISSION (to be signed in the presence of the Sponsor/AMIAS escort)

I, \_\_\_\_\_ hereby grant permission to \_\_\_\_\_ to travel to and  
(Parent/Guardian Name) (Alateen member name)

from and to participate in \_\_\_\_\_ under the supervision of  
(Event Name)

\_\_\_\_\_ on \_\_\_\_\_  
(Sponsor/AMIAS escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM B: MEDICAL FORM

page 1 of 2

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

## 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 member or Sponsor/AMIASescort name)\_\_\_\_\_has (had) the following diseases or problems:

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 member or Sponsor/AMIAS escort 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 member or Sponsor/AMIAS escort name)\_\_\_\_\_is currently using the following medications:

\_\_\_\_\_  
\_\_\_\_\_

## OTHER CONDITIONS OR PROBLEMS

(Alateen member or Sponsor/AMIAS escort name)\_\_\_\_\_has the following condition or problems not listed above that you should know about: (please explain)

\_\_\_\_\_  
\_\_\_\_\_

# FORM B: MEDICAL FORM

page 2 of 2

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

## MEDICAL INSURANCE INFORMATION

You must provide medical insurance information in the space below.

### For the US:

Name of Insurance Co. \_\_\_\_\_

Employer Name \_\_\_\_\_

Employee Name and Social Security Number \_\_\_\_\_

Group ID Number \_\_\_\_\_

(or attach a medical coupon if covered by Medicaid)

### For Canada:

Health Card or Medi-Number \_\_\_\_\_

## NOTARY STATEMENT

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

State/Province of \_\_\_\_\_

County of \_\_\_\_\_

(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  
(Participant's Name) \_\_\_\_\_  
who is (state relationship - self, son, daughter) my \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature - if 18 or over)

\_\_\_\_\_  
(Signature of Parent or Guardian, if under 18)

Before me, the above signed authority, on this day personally appeared \_\_\_\_\_, to me known and  
known by me to be the person who signed the above authorization, and acknowledged to me that (s)he executed the same for  
the purpose therein stated.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

## NOTARY PUBLIC

My Commission Expires:

Seal:



Revised & Approved by AWSC -July 9th, 2021  
Revised & Approved by Area Assembly -July 29th, 2021  
Reviewed & Approved by Legal Counsel -9/6/21  
Sent to WSO 9/7/21  
Returned by WSO for further review - 10/01/21  
Resubmitted by Area 21 KY - 1/21/22  
Returned by WSO for further review - 3/23/22  
Revised & Approved by ASWC – June 3, 2022  
Revised & Approved by Area Assembly – June 4, 2022  
Approved by Legal Counsel – June 22, 2022  
Resubmitted by Area 21 Kentucky – June 22, 2022  
Returned by WSO for further review July 17, 2022  
Resubmitted by Area 21 Kentucky – July 25, 2022  
Approved by WSO – August 2, 2022  
Accepted by Area 21 Kentucky AWSC & Area Assembly – August 14, 2022