

THE KENTUCKY AREA ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS

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THE KENTUCKY AREA ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS OVERVIEW

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.

Safety and Behavioral Requirements

I. AMIAS:

- 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. It is recommended that the District Representative (DR) attend each Alateen group in their district at least once during their 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 Appendix G and H, and Alateen Safety Guidelines, G-34)

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

- A. Each prospective Al-Anon member interested in serving Alateen must attend 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 AMIAS 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 AMIAS 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 retrain 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. AMIAS 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 AMIAS form information into the WSO Online Group Records database for processing.
- C. AMIAS 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. Notification of processed group changes are reflected in the Online Group Records database as entered by the Area Alateen Process Person.
- B. 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.

IIIX. 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:

- A. The Alateen making the complaint, or their representative, should contact the Group Representative/CMA of the Sponsoring Al-Anon Group.
- B. The GR/CMA should contact the following:
 - 1. The District Representative (DR) of the Alateen's home group must be notified.
 - 2. The Alateen Coordinator must be notified.
 - 3. The Area Alateen Process Person (AAPP) will be notified.
- C. Both the Area Chair and the Area Delegate will be notified by the Alateen Coordinator. This notification is for informational purposes only. The Area Delegate and the Area Chair 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).

- D. 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.
- E. The Alateen Coordinator, AAPP and DR will interview the person with whom the complaint has been lodged.
- F. The Alateen Coordinator, AAPP and DR will determine to the best of their ability the validity of the claim.
 - 1. If there is conflicting information, a joint meeting between the Alateen and the person with whom the complaint has been lodged may be requested.
 - a. 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.
 - b. 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.
 - 2. 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.
 - a. Sufficient cause can be interpreted to mean for the safety and welfare of the Alateen, Al-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):

- A. The Alateen Coordinator, The AAPP and the DR investigate all complaints.
 - 1. 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.
 - 2. 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.
- B. All initial interviews with the accused and everyone involved may be conducted on a virtual platform or take place in person.
 - 1. The Alateen Coordinator, 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.
2. 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.
 3. Follow-up information may be gathered by other available means (e.g., Phone, e-mail, other indirect communications.)
- C. The Alateen Coordinator can ask any Alateen Group Sponsor or AMIAS to resign or temporarily step away from the group until the issue is resolved within the scope of Section XIV 6. a.1 as noted.

XVI. Al-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 due to unfavorable references, it is the responsibility of the DR not to sign the AMIAS form. The DR will then notify the Alateen Coordinator and the AAPP. The unsigned form will be sent to the AAPP. The applicant will be informed of the declination by the AAPP.

XVII. Alateen Group Sponsor or AMIAS Non-Compliance:

- A. 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.
- B. The GR/CMA should contact the following:
 1. The District Representative (DR) of the Alateen Group must be notified (if there is no DR the Alateen Coordinator should be notified).
 2. The Alateen Coordinator must be notified.
 3. The Area Alateen Process Person (AAPP) will be notified.
- C. All initial interviews with the accused and everyone involved may take place on a virtual platform or take place in person.
 1. 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.
 2. 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.
 3. Follow-up information may be gathered by other available means (e.g., Phone, e-mail, other indirect communications.)
- D. 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.
- E. 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.
- F. 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.

- A. 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.
- B. 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.
- C. 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 Review

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.

Kentucky Area Alateen Treasury Requirements

This fund is the general operating treasury for the Kentucky Area Alateen program.

The purpose of the Kentucky Area Alateen Treasury is to provide funds for:

- 1) Ground Transportation for Al-Anon/Alateen/AA events including KOMIAC (Kentucky, Ohio, Michigan, Indiana Alateen Conference)
- 2) Alateen events in the KY area (i.e. supplies/seed money/mini-conventions)
- 3) Alateen State representative expenses to attend AWSC and Assembly
- 4) Donations to applicable service arms (Tradition Seven)

Note: Observing Tradition Seven, this fund is not to be used for registrations for events. Alateen groups may do fundraising to provide their own registration fees and/or seek help through the links of service (i.e. sponsoring Al-Anon group, district). This fund maintains an ample reserve of \$3000.00.

The KY Alateen Treasury may transfer funds for hosting KOMIAC in KY if there is a financial need (i.e. seed money needed).

The AAC (Area Alateen Coordinator) maintains the Kentucky Area Alateen Treasury Account.

- The AAC accepts individual contributions to the KY Area Alateen Treasury with these guidelines:
 - An Al-Anon member may contribute annually any amount up to one percent of the actual total income of the previous fiscal year as it appears in the current Ky Area Budget document.
 - No individual contribution is acknowledged publicly.
 - No individual contribution can be earmarked for any specific purpose or program.
 - If an individual contribution does not adhere to these guidelines the check will be returned by the KY AAC.

*Following Area motion on large donations (October 2025)

- Deposits proceeds from fundraisers and mini-conventions into the Kentucky Area Alateen Treasury. Funds are utilized per the Treasury guideline in the ASBR.
- Deposits Al-Anon and Alateen group donations.
- As treasurer, provides a minimum of \$150.00 and no more than \$250.00 in seed money from the Kentucky Area Alateen Treasury to Area Alateen groups that host mini-conventions.
- The Kentucky Area Alateen Treasury is to be set up as a double signature account by the Area Alateen Coordinator.

Alateen groups have the autonomy to fundraise (i.e. in order to cover the cost of KOMIAC registrations for their members).

See the following chart for both income and expenses associated with the Kentucky Alateen Treasury.

Kentucky Alateen Treasury Chart

KENTUCKY ALATEEN TREASURY	
INCOME	EXPENSES
Al-Anon Groups (donations)	Ground transportation to KOMIAC for participants. Note: if necessary, this would include lodging and meal expenses for hired driver for weekend. (Drivers generally stay at a hotel over the weekend instead of returning home.)
Fundraising proceeds from Area/state Al-Anon and AA conventions	Alateen Events: Seed money for Mini Conventions (twice a year) such as speaker costs, rent or supplies
Area Assembly water donations	Seed money for fund raising raffle or items made for Area/state Al-Anon or AA Conventions
Alateen groups (Tradition 7 donations)	Water for Area Assembly
Individual Donations (allowed annually) *	State Alateen Representative's expenses to attend AWSC and Area Assembly
Donations from Mini-Conventions/Workshops, etc.	Public Outreach literature to be made available at an AA or Al-Anon event (as the Treasury allows). #
	Contributions to the WSO and to the KY Area (As funds are available)

* = Following Area motion on large donations (October 2025)

= KY Area traditionally covers Public Outreach expenses

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 into the Kentucky Area Alateen Treasury.

- All fundraising efforts 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 Chairperson serving on the Kentucky Area Al-Anon Convention Host Committee will seek approval from the Host Committee prior to the convention for any proposed fundraising efforts.

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APPENDIX

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APPENDIX A - KENTUCKY AREA ALATEEN PROCESS PERSON -DUTIES

Kentucky Area Position Guidelines

(pg. 1 of 4)

PURPOSE: According to the AI-Anon/ Alateen Service Manual, the Area Alateen Process Person (AAPP) is a member who serves as the Area's designated Alateen contact with the World Service Office (WSO) AI-Anon Family Group Records regarding Alateen forms and processes all Alateen group and AI-Anon Members Involved in Alateen Service (AMIAS) information for the Area.

TERM: The Kentucky AAPP is appointed by the Area Chairperson and serves a three-year term.

QUALIFICATIONS: The AAPP must be AMIAS certified. The AAPP is expected to become knowledgeable of the Alateen Safety and Behavioral Requirements (ASBR).

PROCEDURES: The AAPP:

- 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; and provides a report informing the Assembly of the number of new certifications, new group registrations, the progress of the annual recertification process and other items of interest.
- Attends scheduled WSO provided meetings and training throughout the year.
- Collaborates with the Area Alateen Coordinator (AAC) to verify the status of registered Alateen groups in the Kentucky Area as well as verifying the current AMIAS in the Kentucky Area prior to Kentucky Ohio Michigan Indiana Alateen Conference (KOMIAC).
- Follows the process for handling complaints/non-compliance as outlined in the ASBR. (Refer to the Complaint/Non-Compliance Procedure in the ASBR.)
- Maintains confidential and secure storage for AMIAS forms and related personal information.
- Establishes an account with the agency that the Area has agreed to use to run background checks on AMIAS applicants. The Area is responsible for payment of the background checks.
- Ensures that all District Representatives (DRS) receive a copy of Appendix C (District Representative Guidelines as Related to Alateen) from the ASBR document at the beginning of the term. Also forwards a copy to any new DR throughout the term.
- Collaborates with the AAC to ensure that AMIAS training is provided to those who need it.

APPENDIX A - KENTUCKY AREA ALATEEN PROCESS PERSON – DUTIES

Kentucky Area Position Guidelines

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- Collaborates with the AAC and the Website Coordinator to post training dates, create online registration forms, and facilitate notifications.
- Collaborates with the AAC to distribute AMIAS application forms and background check forms to AMIAS trainees, and with DR to process the completed forms after candidates have been trained.
- Communicates with AMIAS trainees and answers any questions they may have.
- Checks AMIAS applications that have been submitted for completeness and for the District Representative signature acknowledging completion of satisfactory reference checks.
 - If an Alateen Sponsor Candidate does not meet the minimum Kentucky Area Safety and Behavioral Requirements due to unfavorable references, it is the responsibility of the DR not to sign the AMIAS form. The DR will then notify the Alateen Coordinator and the AAPP. The unsigned form will be sent to the AAPP. The applicant will be informed of the declination by the AAPP.
- Inspects the background check application for completion.
- Fills out the background check application online with the approved agency using the form that has been submitted by the applicant. Pay for it online using the method agreed upon by the Area.
- The AAPP will maintain a confidential file of original AMIAS forms processed along with the approved background check forms that are maintained in a secure location for three years.
- Background check actions:
 - If the background check shows a felony, sexual misconduct, or anything contrary to the requirements to be certified according to the Kentucky ASBR, then the AAPP will not approve the applicant. The AAPP notifies the AAC, the applicant's DR (District Representative), and the applicant that the applicant has been declined as an AMIAS.
 - If the background check meets the requirements, then the applicant may move on in the process.
- For any legal questions, the AAPP will:
 - Keep printed copies and/or electronic copies of the background check application
 - Saves the results of the background check sent by the agency that performed the check to keep with the AMIAS applicant's record.

APPENDIX A - KENTUCKY AREA ALATEEN PROCESS PERSON - DUTIES

Kentucky Area Position Guidelines

(pg. 3 of 4)

- Logs into the WSO database and fills out the form to submit the applicant for approval as an AMIAS. If the applicant is already in the database, verifies the information and submits the applicant's information. If the applicant is not already in the database, create a new AMIAS profile and submit.
- Forwards the WSO approval e-mail to the applicant, the applicant's DR, and the AAC.
- Signs the now-certified AMIAS's application form, writes the AMIAS's WSO number, and writes "retrain in ____" with the year that is three years after approval. Sends a copy to the AMIAS for their records and keeps one for the AAPP's records.
- Makes changes to applicant's contact information as notified by applicant throughout the year.
- Provides Alateen Group Registration forms to those interested in starting an Alateen group.
- Notifies the AAC and the DR of the appropriate District of the group's interest in starting a group.
- Receives completed Alateen Group Registration forms and checks that the intended group meets the requirements for meeting according to the Kentucky ASBR.
- Registers the group in the WSO database.
- Notifies the group's CMA, the DR, and the AAC of registration of the group when it is approved by the WSO.
- Notifies the group's CMA, the DR of the group, and the AAC if the group is not approved along with the WSOs reasons for non-approval.

ANNUAL RECERTIFICATION:

- Recertifies or inactivates all AMIAS and Alateen groups each year during the recertification window. WSO opens the recertification window in January with a list of all AMIAS that need to be recertified. In Kentucky, that window closes on May 31st at midnight.
- Makes a list of all AMIAS who need to go through the retraining process in order to be recertified and sends a copy to the AAC.
- Makes a list of all AMIAS who only need to confirm their contact information in order to be recertified.

APPENDIX A - KENTUCKY AREA ALATEEN PROCESS PERSON - DUTIES

Kentucky Area Position Guidelines

(pg. 4 of 4)

- Contacts the AMIAS who need to be retrained (Those who were last trained 3 years before) and explains the need to attend a training and complete new paperwork in order to be recertified and continue as an AMIAS.
- Contacts the AMIAS who need to confirm that their contact information is correct (Those who were last trained 1 or 2 years before) and ask them to confirm or change it in order to be recertified.
- Recertifies each AMIAS in the database when they have complied with the necessary steps.
- Contacts the AMIAS's DR for help if unable to contact an AMIAS.
- Inactivates any AMIAS by May 31st who has not complied with steps for recertification.
- Receives completed update forms from the CMAs of registered Alateen groups. These forms are sent to the CMAs by the WSO. Reminds the CMAs of the need to submit those forms to the AAPP or the group will be deactivated.
- Recertifies each Alateen group if the recertification form has been returned, changes made, and if the AMIAS associated with that group have been recertified. The database will not allow recertification if the associated AMIAS have not been recertified in the database yet.
- Notifies the AAC, the Area Chair, and the Area Delegate of completion of the Annual Recertification process after the WSO sends the email confirming that the Area has completed the process.
- Serves on the Board of Directors of KACK (Kentucky Alateen Conference KOMIAC) and attends scheduled meetings.

APPENDIX B - KENTUCKY AREA ALATEEN COORDINATOR DUTIES

KENTUCKY AREA POSITION GUIDELINE

(pg. 1 of 3)

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 (Al-Anon Member Involved in Alateen Service) certified (or able to become AMIAS). The AAC should be an active or past group sponsor. (This requirement allows for the Coordinator to better understand Alateen groups and group sponsorship.) It is preferred that the AAC has attended at least one KOMIAC (Kentucky Ohio Michigan Indiana Alateen Conference) prior to being appointed. The AAC is expected to become knowledgeable with the Kentucky Area Alateen Safety and Behavioral Requirements (ASBR).

AREA RESPONSIBILITIES: In addition to the WSO Guideline (G-24), responsibilities of the AAC are as follows:

- Attends and votes 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 any Alateen fundraiser at Area Assembly for Kentucky Area Alateen Treasury.
- Provides a report at each Area Assembly detailing Alateen activities, KOMIAC activities and financial reports for the Kentucky Area Alateen Treasury and KOMIAC.
- Promotes Alateen activities throughout the Area (i.e. Alateen Awareness Month held each October in the KY Area).
- Updates, administers and maintains the AMIAS Training Program and Workshop materials. (AMIAS related training and workshop materials can be found on AFG Connects)
- Works with the AAPP (Area Alateen Process Person) to keep training, group records and recertification information up to date.
- Conducts and collaborates with the AAPP to provide Area AMIAS Trainings on a scheduled basis and as needed. The Coordinator (or their trained designee) may travel to conduct training, train at Area Assemblies or offer training via a virtual platform.
- Approves and trains an Area AMIAS designated Trainer if needed. 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.

APPENDIX B KENTUCKY AREA ALATEEN COORDINATOR DUTIES
KENTUCKY AREA POSITION GUIDELINE
(pg. 2 of 3)

- Provides AMIAS training fliers to the Area Website Coordinator for posting, the local AIS offices, and the AWSC.
- Coordinates with the Area Chair and facilitates any related Alateen activities at Area Assemblies.
- Works with District Alateen Chairpersons, DRs, and Alateen groups to resolve group issues.
- Encourages the Alateen State Representative and their Alternate to attend Area Assemblies and provide a report on Alateen activities and KOMIAC.
- Maintains the Kentucky Area Alateen Treasury Account following the Kentucky Alateen Treasury Requirements.
- The AAC accepts individual contributions to the KY Area Alateen Treasury with these guidelines:*
- An Al-Anon member may contribute annually any amount up to one percent of the Actual Total Income of the Area's previous fiscal year as it appears in the current Ky Area Budget Document.
- No individual contribution is acknowledged publicly.
- No individual contribution can be earmarked for any specific purpose or program.
- If an individual contribution does not adhere to these guidelines the check will be returned by the KY AAC.

*Following Area motion on large donations (October 2025)

- Organizes at least two (2) fundraisers each year and provides an item for raffle (Raffle item is paid for by Kentucky Area Alateen Treasury). These fundraisers are usually held at the Kentucky Area Al-Anon Convention and the Kentucky state AA convention with Al-Anon participation. Proceeds from fundraisers are to be deposited in the Kentucky Area Alateen Treasury and utilized per the Kentucky Area Alateen Treasury Requirements in the ASBR.
- Attends all Area Alateen conventions and events as possible.
- Visits each Alateen meeting in Kentucky Area at least once during their term as Coordinator.
- Serves as the President/Chairperson of the Board of Directors of Kentucky Alateen Convention KOMIAC (KACK) and adheres to KACK By-Laws.

**KENTUCKY, OHIO, MICHIGAN, INDIANA ALATEEN CONFERENCE (KOMIAC)
RESPONSIBILITIES:**

- A. The Kentucky AAC also sits on the Board of Directors of KOMIAC for their 3-year term. They are responsible for staying in contact with the Coordinators from the KOMIAC Areas. Additionally, the AAC keeps the current Alateen State Representative abreast of KOMIAC Board activities.

APPENDIX B KENTUCKY AREA ALATEEN COORDINATOR DUTIES

KENTUCKY AREA POSITION GUIDELINE

(pg.3 of3)

- B. Arranges ground transportation to and from KOMIAC for Area Alateens and their sponsors as needed. (Paid from the Kentucky Area Alateen Treasury)
- C. Designates a central location for groups to meet when traveling to KOMIAC. (Neither the AAC, KY Area or KACK assume responsibility for vehicles left at the central meeting spot.)
- D. If needed, arranges and pays for lodging and meal expenses for professional transportation driver (or optional AMIAS driver) for the weekend which is paid from the Kentucky Alateen Treasury. Note: Drivers generally stay at a hotel over the weekend instead of returning home.
- E. Distributes KOMIAC Registration packets electronically to Alateen Group Sponsors.
- F. Works with Alateen groups to help fundraise for KOMIAC registrations and expenses.
- G. When necessary, works to secure donations from individual members and Al-Anon groups to provide scholarships for KOMIAC registrations.
- H. Chairs the State meeting for Kentucky at KOMIAC addressing the following:
 - 1. The Alateen State representative and their Alternate are elected by the Alateens during this annual meeting.
 - 2. The year prior to KY hosting KOMIAC, the elected State representative and their alternate also serve as the KOMIAC Chair and Co-Chair. (Based on the current rotation, this election would occur at the Indiana KOMIAC.) The KOMIAC Secretary and Treasurer are also elected.
 - 3. Two (2) Alateen mini conventions are scheduled, preferably 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).
- I. Collaborate with the KY AAPP to verify the status of registered Alateen groups in the Kentucky Area as well as verify the current AMIAS in the Kentucky Area prior to KOMIAC.
- J. Ensure other Areas' AMIAS participating in KOMIAC (when hosted by Kentucky) are certified by their Areas' ASBR.
- A. Collaborates with the AAPP to verify the status of registered Alateen groups in the Kentucky Area as well as verify the current AMIAS in the Kentucky Area prior to KOMIAC.
- B. Addresses complaints following the Alateen Complaint/Non-Compliance Procedures in the ASBR.

APPENDIX C - DISTRICT REPRESENTATIVE GUIDELINES RELATED TO ALATEEN (pg. 1 of 2)

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

Each AMIAS applicant must complete and submit **two forms** to their DR:

1. An Al-Anon Member Involved in Alateen Service (AMIAS) form:

- a. The applicant first completes the applicant portion of the form.
- b. The applicant provides two Al-Anon references along with the AMIAS applicant's home group name
- c. The applicant sends their completed AMIAS form to the DR

The DR completes their portion of the AMIAS form by verifying the references and signs that the references have been checked and are positive. (Refer to the complete list of qualifications in the Kentucky Area Alateen Safety and Behavioral Requirements (ASBR) Section 1A.)

- Suggested questions to check references:
 1. Is the applicant known within the district in which they will be serving Alateen by regular attendance at Al-Anon meetings?
 2. Would the applicant be a good fit to work with teens?
- a. Upon favorable recommendation from two Al-Anon references, the DR will sign the AMIAS application form.
- b. If the applicant is declined due to unfavorable references, the unsigned form will be sent to the Area Alateen Process Person (AAPP). The applicant will be informed of the declination by the AAPP.

2. Background Check form

Note: The AMIAS applicant completes the appropriate background check form as directed by the (AAPP) and sends the completed form to the DR.

ACTION: Once forms are completed the DR forwards both the AMIAS form and the completed background check form to the AAPP.

NOTE: If the applicant is a DR, the Alternate DR or the Alateen Coordinator must check references and sign the AMIAS form.

It is recommended that the District Representative (DR) attend each Alateen group in their district at least once during their term.

Approved by AWSC-10/2/2004 Approved by Area Assembly - 3/05/2005 Revised & Approved by AWSC -3/04/2006 Approved by Area Assembly - 3/05/2006 Revised & Approved by the AWSC -6/02/2007 Approved by Area Assembly - 10/06/2007 Revised Ad-HOC Committee - 5/27/11 Approved by AWSC-01/04/14 Approved by Area Assembly - 03/08/14

APPENDIX C - DISTRICT REPRESENTATIVE GUIDELINES RELATED TO ALATEEN) (pg. 2 of 2):

Each AMIAS applicant must complete and submit **two forms** to their DR:

AI-Anon Member Involved in Alateen Service (AMIAS) form	Background Check form
• The applicant first completes the applicant portion of the form. • The applicant provides two AI-Anon references along with the AMIAS applicant's home group name • The applicant sends their completed AMIAS form to the DR	Note: The AMIAS applicant completes the appropriate background check form as directed by the AAPP and sends the completed form to the DR.
The DR completes their portion of the AMIAS form by verifying the references and signs that the references have been checked and are positive. (Refer to the complete list of qualifications in the Kentucky Area Alateen Safety and Behavioral Requirements (ASBR) Section 1A.) • Suggested questions to check references: 1. Is the applicant known within the district in which he/she will be serving Alateen by regular attendance at AI-Anon meetings? 2. Would the applicant be a good fit to work with teens? a. Upon favorable recommendation from two AI-Anon references, the DR will sign the AMIAS application form. b. If the applicant is declined due to unfavorable references provided by the applicant, the unsigned form will be sent to the AAPP. The applicant will be informed of the declination by the AAPP.	

ACTION: Once forms are completed the DR forwards both the AMIAS form and the completed background check form to the Area Alateen Process Person (AAPP).

Note: If the applicant is a DR, the Alternate DR or the Alateen Coordinator must check references and sign the AMIAS form.

APPENDIX D - KY AREA AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE FORM

KY AREA AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE

It is required that this form be completed by all Al-Anon Members Involved in Alateen Service (AMIAS). **(Please Print)**

Member First and Last Name: _____

Street Address: _____

City, State/Province: _____

Zip Code: _____ Phone: _(____)_____

Email: _____

District Number: _____

I am in compliance with my Area's Safety and Behavioral Requirements and agree to abide by them.

Signature of Applicant

Date

The member's home group must be listed below. The above member must list two (2) references and phone numbers.

Home Group and District Number of above member

(____)_____

Reference 1 Name

Phone Number

(____)_____

Reference 2 Name

Phone Number

The District Representative (DR) MUST sign below **after checking the references** and submit the form to the AAPP. (DR please see the DISTRICT REPRESENTATIVE GUIDELINES AS RELATED TO ALATEEN available on the KY Al-Anon website.)

District Representative Signature

Date

To the best of my knowledge, the above Al-Anon member meets the Area's Safety and Behavioral Requirements.

Area Alateen Process Person (AAPP) or Authorized Area Signature and Date

Print Authorized Signer Name

Date

Each Area must certify to the World Service Office (WSO) annually that each AMIAS has met the Area's Safety and Behavioral Requirements and has agreed to abide by them.

WSO ID Number assigned to AMIAS: _____

COMPLETED BY APPLICANT

COMPLETED BY APPLICANT AND DR

COMPLETED BY AAPP

APPENDIX E – KENTUCKY BACKGROUND CHECK FORM

AOC-RU-004
Rev. 12-22
Page 1 of 1
www.kycourts.gov

**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: _____

FIRST

MIDDLE

LAST

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.**

Date

Company (If applicable)

Requestor/Contact Person

Address

City, State, Zip

Telephone Number

E-mail Address

Please denote which purpose applies to this request:

- ☐ Employment
☐ Criminal Investigation
☐ Screening Housing Applicants
☐ Volunteer/Care over Juvenile
☐ Licensing
☐ Other (please explain)

APPENDIX F – INDIANA BACKGROUND CHECK FORM (pg. 1 of 2)



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)

APPENDIX F – Indiana Background Check Form (pg. 2 of 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: _____

Date of Birth _____

Address _____

City/State (Province) /Zip Code _____

Phone Number: () _____

SPONSOR/ADULT ESCORT INFORMATION

First and Last Name: _____

Address: _____

City/State (Province) /Zip 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

pg 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/Zip _____

Phone Number: _____

Work Phone Number: _____

During this time, I can be reached at: _____

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

First and Last Name: _____

Address: _____

City/State (Province) /Zip _____

Phone Number: _____

Work Phone Number: _____

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 _____
(Parent/Guardian) (Alateen Member Name)

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

under the supervision of _____
(Sponsor/AMIAS Escort Name)

on _____
(Dates of Event including Travel Time)

Parent/Guardian Signature: _____ Date: _____

FORM B: MEDICAL FORM

pg 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/AMIAS escort name) _____ has (had) the following diseases or problems: (Place a check mark for those that apply)

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

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

MEDICAL INSTRUMENT INFORMATION

You are hereby authorized to obtain medical care in the state without a signed and sealed Notary

For the US:

Statement, State/Province of _____ County of _____
Name of Insurance Co. _____

Employer Name _____
(Sponsor/Escort/Responsible Party Name) _____ is authorized upon
Employee Name and Social Security Number _____
my signature below to obtain any medical care necessary for the duration of the above stated function on
Group ID Number _____ (or attach a medical coupon if covered by Medicaid)
behalf of (Participant's Name) _____

For Canada: Health Card or Medi-Number _____
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:

AREA REVISION AND APPROVAL INFORMATION

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