

**Al-Anon/Alateen Area Iowa
Alateen Group AMIAS Application**

AMIAS Applicant _____

Please include all other names used in the past 10 years

Street Address _____ **Length of residence** _____

City _____ **State** _____ **Zip** _____

Phone _____ **email** _____

Previous Residence (if new to Iowa) _____

City _____ **State** _____ **Zip** _____ **Telephone** _____

County _____ **DOB** _____

Home Group _____ **Years Attended** _____

Location _____ **Group #** _____

Past Home Group(s) _____ **Years Attended** _____

Location _____ **Group #** _____

AMIAS in another AREA? Yes/no if yes, which AREA _____

1. I am an active Al-Anon member regularly attending Al-Anon meetings.
2. I am at least 21 years old.
3. I have at least two years in Al-Anon in addition to any time spent in Alateen.
4. I have not been convicted of a felony, and have not been charged with child abuse or any other inappropriate sexual behavior, and have not demonstrated emotional problems which could result in harm to Alateen members. I understand that a child abuse and criminal records background check will be required for all adults involved in Alateen Service (including but not limited to AMIAS substitute AMIAS transportation providers, etc.....). I understand that the area prohibits overt or covert sexual interaction between any adult and Alateen member.

Signature _____ **Date** _____

Witness _____ **Date** _____

(A witness can be: District Representative, Past DR, AWSC member, District Alateen Chair)
circle one