

Al-Anon Family Groups of Georgia

Al-Anon Members Involved in Alateen Service



Handbook

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AFG of Georgia AI-Anon Members Involved in Alateen Service (AMIAS) Handbook

The purpose of this document is to provide information and guidance for AI-Anon Members Involved in Alateen Service (AMIAS) in a single source.

This document includes:

- AFG of Georgia AMIAS Minimum Safety and Behavioral Requirements
- an overview of the entire certification and compliance review process
- a compilation of miscellaneous AFG of Georgia forms and documents
- other important information

This Handbook will be updated, annually or as deemed necessary, by the Area Alateen Coordinator as recorded in the Coordinator's job description.

All AMIAS forms can be downloaded from the Georgia AI-Anon Website under the Members section Alateen tab. On the Georgia AI-Anon website, www.ga-al-anon.org, click on the Members menu, log in, and then click on the Alateen drop down menu to access all Alateen forms and the AMIAS Handbook. Email addresses and phone numbers for the current AAPP or Alateen Coordinators and Area officers can be found in our AFG of Georgia Area Directory. Please contact your Group Representative or District Representative to get a copy of the directory.

AFG of Georgia Minimum Safety and Behavioral Requirements for AMIAS

Every Al-Anon member directly responsible for Alateens while being of service to Alateens (including, but not limited to: group sponsors, conference or event chairpersons, and transportation providers) must:

- Be an Al-Anon member regularly attending Al-Anon meetings.
- Be at least 23 years old
- Have at least two years in Al-Anon in addition to any time spent in Alateen, six months of which must be in Georgia Al-Anon.
- Not have:
 - Conviction of a felony
 - Conviction of a DUI within past 5 years
 - Charge/conviction of Child Abuse or any other inappropriate sexual behavior
 - Demonstrated emotional problems which could result in harm to Alateen members.

In addition:

- There must be at least one Alateen sponsor at every Alateen meeting.
- The Area requirements prohibit overt or covert sexual interaction between any adult and Alateen member.
- The Area requirements prohibit conduct contrary to applicable laws.
- The Area requirements include procedures for parental permissions and medical care when applicable.
- The Area requirements have been reviewed by local legal counsel.
- Background checks for Al-Anon Members Involved in Alateen Service (AMIAS) be performed annually. Initial background checks will include finger printing.
- The AAPP will withhold the decision for certification or recertification for any AMIAS application due to any pending drug or alcohol related cases. The decision for certification will proceed based on the outcome of any pending case. The certification or recertification will be revoked and/or denied for any drug or alcohol related conviction for five (5) years from the date of conviction.
- Prospective AMIAS will complete a one-time New AMIAS Training prior to becoming certified.
- Prospective AMIAS will complete designated Mandated Reporter online training module and submit certificate of completion to the AAPP.
- AMIAS seeking recertification will need to complete a minimum of 6 service hours, in addition to meeting the above requirements, in order to qualify for recertification. Current members of AWSC and trustees are exempt from the service hour requirement.

AFG of Georgia AMIAS Certification Process

1. Complete, sign, and return both the AI-Anon Member Involved in Alateen Service (AMIAS) form and the Georgia AI-Anon Member Involved in Alateen – Supplemental form to the Area Alateen Process Person (AAPP). A copy of the form may be downloaded from the Georgia AI-Anon website www.ga-al-anon.org,
2. After the AAPP receives the forms identified above, the AAPP will send you a welcome packet. This packet contains:
 - a. Information/Background check release form for Georgia fingerprint and criminal background check and national electronic criminal background check.
 - b. Envelope addressed to Bosma Investigative Services (do not return the background check form to the AAPP).
 - i. After submitting the form to Bosma, you will be notified of registration into the Georgia Applicant Processing Services (GAPS) system using Gemalto (formerly Cogent), along with your GAPS registration number. Email is the preferred method of notification by Bosma. Please supply this information on the form. After receipt of your GAPS Registration number, **you will have two weeks to complete the process**. If fingerprints are not taken within this two week window, please resubmit an AMIAS Service form to the AAPP to restart the process.
 - ii. The email from Bosma will include a link which, using your GAPS registration number, provides a list of GAPS sites in your area and directions to arrange with a GAPS site to have your fingerprints taken. Some sites require appointments, most do not. Please call the site of your choice and check with them. The link will also include a list of “what to bring” when reporting to a GAPS site for fingerprinting.
3. The results of the fingerprint background check will be reviewed by Bosma Investigative Services and a report will be sent to the AAPP. This report to the AAPP will indicate either that the candidate has ‘No record” or “Record attached”. The AAPP will decide if this background records response meets the area’s current minimum requirements.
4. The AAPP will withhold the decision for certification or recertification for any AMIAS application due to any pending drug or alcohol related cases. The decision for certification will proceed based on the outcome of any pending case. The certification or recertification will be denied and/or revoked for any drug or alcohol related conviction for five (5) years from the date of conviction. (Continued on next page).

5. The prospective AMIAS will need to attend a one-time New AMIAS Training. Trainings are often held on Saturday of the January, May, and September Assemblies. Any prospective AMIAS may submit a request for a training session to their District Representative or District Alateen Coordinator. Training requests are then submitted directly to the Alateen Coordinator for arrangement of a training time and location either at Assembly, or electronically as a virtual meeting. Prior to attending a training session, the prospective AMIAS will be provided a copy of the training module for review.
 - A sign-in sheet will be available at all training sessions (see page 9). This sign-in sheet will be provided to the AAPP for verification of attendance. If the prospective AMIAS is unable to attend a training session, the AAPP will verify (via a short phone conference or other appropriate method) that the AMIAS has completed a review of the training module.
7. Prospective AMIAS will complete designated Mandated Reporter online training module. (www.ProSolutionstraining.com - Click on "Courses" and go to "Mandated Reporters: Critical Links in Protecting Children in Georgia". When the course is completed print the Certificate or save it appropriately and submit a copy to the AAPP for Certification completion).
8. Once a review of the New AMIAS Training module has been verified and the Mandated Reporter certificate is received, the AAPP will certify the Member Involved in Alateen Service. Upon notification from the AAPP to the WSO the AMIAS may begin active Alateen service in Georgia. WSO will issue an ID number and notify the AAPP. The AAPP will forward this number to the AMIAS. Please use this number when filling out any Alateen forms where it is requested.

Al-Anon Member Involved In Alateen Service

*It is required that this form be completed by **all** Al-Anon members involved in service to Alateen.*

(Please Print)

First & Last Name:

Street Address:

City, State/Province:

Zip/Postal Code

Phone:

e-mail:

District

I am in compliance with my area's safety and behavioral requirements and agree to abide by them.

Signature Date

To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.

Authorized Area Signature Area # Date

Please Print Name Below:

Each area must certify to the WSO annually that each Al-Anon member involved in Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.

WSO Assigned ID Number: _____

For Area Use:

AFG of Georgia AMIAS Recertification Process

The purpose of this document is to provide an overview of the recertification process. See Page 5 of the AMIAS Handbook for a description of the current Certification Process.

1. The AAPP will send to each certified AMIAS two forms to be completed to initiate the annual Recertification Process. These are the AMIAS Service Opportunities Checklist, and the BOSMA Background Check Release Form.
2. Complete, sign and return the AMIAS Service Opportunities Checklist (see pages 11-12) to indicate completion of the minimum six (6) service hours requirement. This document must be signed by a GR, DR, Area Officer, Alateen Coordinator or AAPP. The completed form should be submitted to the AAPP.
3. Complete, sign, and return the Background Check Release Form to BOSMA Investigations. Please do NOT return the Release Form to the AAPP.
4. Upon receipt of all appropriate documentation and satisfactory background check results, the AAPP will recertify the Member Involved in Alateen Service.
 - The AAPP will withhold the decision for certification or recertification for any AMIAS application due to any pending drug or alcohol related cases. The decision for certification will proceed based on the outcome of any pending case. That the certification or recertification will be revoked and/or denied for any drug or alcohol related conviction for five (5) years from the date of conviction.

Service Opportunity Type	Description	Estimated Hours
Alateen Group Sponsor	Regularly attending weekly Alateen meeting. Assist teens in maintaining literature, flyers and treasury. Coordinate transportation and lodging for Alateen GR to attend Assembly. Serve as an example of the principles of the program. Note: Not all Group Sponsors attend meetings on a weekly basis. Some serve as co-sponsors to the main group sponsor and do not get as involved in activities outside of the Alateen meeting.	20 - 100 + hours
Attending an Alateen meeting	Contact Alateen Group Sponsor and coordinate a date to attend Alateen meeting. Attend Alateen meeting to either cover for another group sponsor that is unable attend or as an observer.	1 hour
Alateen Conference Committee Member	Attend Alateen Conference committee meetings via phone, email and in person. Be available to attend Alateen Conference. Serving a specific role on the committee or at the conference is optional.	10 hrs + weekend
Spaghetti Dinner Volunteer	Attend Spaghetti Dinner planning sessions and be available to attend and assist at Spaghetti Dinner.	6 hours
Help start a new Alateen meeting	Find a sponsoring Al-Anon group, hold group conscience to decide location, meeting time, and group name, register with WSO through the Area AAPP	5 hours
Coordinate or participate in Alateen Public Outreach service project	Coordinate with school or institution to have an Alateen tell their story, distribute literature to professionals and institutions, inform professionals of Alateen (counselors, teachers, therapists, doctors, etc.).	6 hours
Coordinate or participate in Alateen Membership Outreach service project	Any project involving communicating with Al-Anon or AA about Alateen.	6 hours
Alateen Sponsor for Al-Anon Convention	Attend Convention Committee planning meetings, coordinate with the Alateen Chair for Al-Anon Convention on meetings, workshops, and topics. Attend all Alateen meetings at convention.	20 hours + weekend
Coordinating or participating in the Assembly Alateen Workshop	Create and facilitate a workshop at the Area Assembly, which includes Alateen and AMIAS participation. Does require travel to Area Assembly.	2-4 hours
Serving as the sponsor for the Alateen Discussion meeting at Assembly	Being present to facilitate the Alateen Discussion Meeting at the Area Assembly. Ask a teen to chair the meeting and bring the topic of discussion.	1 hour
Coordinating or participating in any workshop with Alateen participation	Working directly with a teen to create a workshop at the District or Area level, or another Area Convention or Conference. This may include planning meeting(s), traveling and transportation to and from workshop, and presentation of workshop.	8-10 hours

AFG of Georgia AMIAS Compliance Review Process

The purpose of the AMIAS Compliance Review Process is to provide individuals with:

- A method for submitting a report regarding an incident or concerning behavior involving an AMIAS. Individuals considering submitting a report should refer to the AFG of Georgia Minimum Requirements as a guideline (see Page 4).
- A process to evaluate if a currently certified AMIAS still meets the AFG of Georgia Minimum Requirements.
- What to do if the AMIAS is found to not be in compliance with these requirements.

This is **not** the process for submitting a report to a legal authority to be in compliance with GA Bill 1176 (Mandatory Reporting).

Reports will be reviewed and documented by the Alateen Safety Committee consisting of the Area World Service Delegate, Board Chairperson, Board Secretary, Area Alateen Process Person (AAPP) and the Area Alateen Coordinator.

1. If the Alateen Safety Committee is notified of an incident, involving an AMIAS, a review of the reported facts may be initiated. This may involve conversations with the reported AMIAS and the individual that made the report or may warrant a full investigation by the Alateen Safety Committee. A complete investigation would include interviews with involved parties and incident witnesses.
2. Reports regarding the behavior of an AMIAS, (such as not attending meetings), a conversation with the individual reporting the behavior and the AMIAS in question will occur. If the behavior is confirmed, the report will be presented to the Alateen Safety Committee to determine what (if any) action is warranted. If the reported behavior is found to be in violation of the GA Minimum Safety and Behavioral Requirements, a possible suspension up to six-months may be imposed.
3. Reports regarding an incident involving an AMIAS, (such as inappropriate sexual contact with a minor), will result in the AMIAS's certification being suspended pending completion of a full investigation. The Alateen Safety Committee will conduct an investigation by interviewing all of the involved parties and witnesses. A written summary of the investigation will be completed and the committee will determine what, if any, action is warranted.
 - a. If the claims are found to be false, the AMIAS will be immediately reinstated.
 - b. If the claims are confirmed, the AMIAS will either be suspended for up to 6 months or certification will be revoked depending on the severity of the incident. The decision of any action to be taken is at the discretion of the Alateen Safety Committee.

Should an AMIAS be suspended, he/she may have certification reactivated after the suspension time frame ends, by completing the Georgia AI-Anon Member Involved in Alateen Service - Supplemental Form (page 8) and have it signed by a GR, DR, Area Officer or Area Coordinator, validating that the AMIAS is in compliance with the GA Minimum Safety and Behavioral Requirements.

4. If an AMIAS certification is revoked, he/she will not be allowed to become certified at a future date.
5. All information gathered in these incidents will be kept confidential. Records will be kept on file by the current AAPP, along with other certification paperwork for the reported AMIAS.

Reporting Process

Reports are to be submitted to the Area Safety Committee (Area World Service Delegate, Board Chairperson, Board Secretary, Area Alateen Process Person (AAPP) and the Area Alateen Coordinator) using one the following options:

1. Mail:
Confidential: Area Safety Committee Georgia Al-Anon Central Services
2733 Sheraton Drive, Ste. F-160
Macon, GA 31204
2. Email or Call:
Any member of the Alateen Safety Committee (See Area directory for contact information)

Attending Area Functions With Alateens--the following pages outline procedures for an AMIAS bringing an Alateen to an Area Function.

Instructions for Completing Georgia Alateen Permission/Medical Form

1. Any minor accompanied to an Al-Anon/Alateen function by parent/legal guardian will not need the Georgia Alateen Permission/Medical Form.
2. Alateen members (19 years of age or younger) who are attending a Georgia Area Al-Anon/Alateen function with an AMIAS, where the parent or legal guardian is not present must have a completed Georgia Alateen Permission/Medical Form (see page 16). The Georgia Alateen Permission/Medical Form is to be filled out and bear the original signature of the Alateen's parent or legal guardian and Alateen member. Forms are not needed for regular meetings.
3. Functions such as the Georgia Alateen Conference, Georgia Al-Anon/Alateen Convention, Area Assembly, etc. will require a new form for each function.
4. The Alateen and parent/guardian agree that failure of the Alateen to abide by safety instructions or any disruptive behavior determined by the AMIAS may mean dismissal from the function, and that the parent/guardian will be responsible for picking the Alateen up from the function.
5. This form may be downloaded and filled out on-line then printed for signatures, or it may be printed and all blanks completed by hand.
6. Forms do not require notarization. The completed form is to be provided to the AMIAS who will be accompanying the Alateen member to the function designated on the form.

Instructions for Handling Georgia Alateen Permission/Medical Forms at Al-Anon/Alateen Functions and A.A. Conventions

1. When accompanying Alateens to a function, the AMIAS will be asked to provide their name and WSO-issued identification (ID) number at the function registration check in (see pages 19 and 20 for example forms).
2. The AMIAS is responsible for ensuring that the Alateen has a Georgia Alateen Permission/Medical Form that is completed and signed by both the parent/guardian and Alateen Member, when accompanied by an AMIAS to any Al-Anon/Alateen function.
3. Forms are to be kept by the AMIAS in a binder with a cover to prevent disclosure of healthcare information.
4. Expired forms are to be shredded unless there has been an incident/illness.
5. In the event of an incident/illness the AMIAS
 - Contacts the Parent/Guardian
 - Contacts the AAPP Coordinator and reports the incident/illness and requests a copy of the Incident/Illness Notification Form.
 - Completes and signs the Incident/Illness Notification Form.
 - Sends the original Georgia Alateen Permission/Medical Form to the AAPP Coordinator along with completed and signed Incident/Illness Notification Form (see page 17). The AMIAS would have access to documents filed by AFG of GA, Inc. if it is necessary for legal action. (Do this even if no medical treatment for the incident/illness was sought.)

Driving Alateens is an individual's decision and not done on behalf of AFG of GA, Inc. If you choose to drive Alateens, you do so at your own risk.

**GEORGIA ALATEEN
PERMISSION/MEDICAL FORM**

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING. THIS FORM MUST BE FILLED OUT ENTIRELY AND BEAR AN ORIGINAL PARENT OR GUARDIAN SIGNATURE IN ORDER FOR THE ALATEEN MEMBER TO ATTEND AN AL-ANON/ALATEEN FUNCTION WITH AN AMIAS. THIS FORM ALSO REQUIRES THE SIGNATURE OF ALATEEN MEMBERS BELOW PARENT/GUARDIAN SIGNATURE. A NEW FORM IS REQUIRED FOR EACH FUNCTION. THIS FORM IS NOT REQUIRED FOR REGULAR MEETINGS.

AMIAS

(Al-Anon Member Involved in Alateen Service)

Alateen Member

Full Name
Phone

Full Name	Date of Birth
Address	
City, State, Zip	
Phone	

Pick-up Location: _____

Single Event Location: _____

Drop-off Location: _____

Authorized Signature by Parent or Legal Guardian Phone Date

Emancipated teens age 17 years or under must provide copy of the emancipated paperwork from Juvenile Court

Consent to Treatment of the Alateen Member/Hold Harmless Statement

As the Parent/Guardian of the aforementioned Alateen Member, I am fully responsible for any cost(s) incurred for medical treatment/services required and obtained on said member's behalf. I hold harmless the function attended by my child. I further hold harmless The Al-Anon Family Groups of Georgia, Inc. (AFG of GA, Inc.) and any affiliated Al-Anon/Alateen Group, District, Information Service Office, Al-Anon Member Involved In Alateen Service (AMIAS), Sponsor(s), or authorized representative thereof; should any harm come to my child as a result of his/her participation in this activity and/or procurement of medical treatment. I further stipulate that this release shall be binding on the heirs, personal representatives and assigns of the signatories hereto and their spouses and/or co-guardians.

In case of an incident/illness or need for medical attention, I give Al-Anon Members Involved in Alateen Service my permission to use their best judgment in the selection of any medical, dental or hospital authorities and/or facilities available nearby to treat said Alateen Member.

I agree that failure of the Alateen to abide by safety instructions or participation in any disruptive behavior as determined by the AMIAS may mean dismissal from the function, and that the parent/guardian will be responsible for picking the Alateen up from the function.

This authorization shall remain in effect from _____ to _____
Date (mm/dd/yyyy) Date (mm/dd/yyyy)

Parent or Legal Guardian (print): _____

Parent or Legal Guardian (signature): _____

Alateen Signature: _____

Emergency Phone Numbers: (1) _____ (2) _____

Medical Insurance Information: Company: _____ Policy Number: _____

Please list any allergies: _____

Please list any medications currently being taken: **(Include dosage and frequency of prescription(s) and over-the-counter medicines):**

Please list any/all known health conditions: _____

If you wish an AMIAS to administer prescription medication to your child, you must bring a signed permission slip listing dosage, times for medication and authorization for this to occur. It is helpful to have the medication in a plastic zip lock bag with the child's name on the outside and all dosage information inside.

Incident/Illness Notification Form

Name of Alateen Member _____ Date of incident/illness _____

Name of Function _____

AMIAS Name _____

AMIAS Certification Number _____

Brief Description of injury/illness _____

Brief Description of what happened _____

AMIAS
Signature _____ Date _____

Send this original form along with an original copy of the Georgia Alateen Permission/Medical Form to the AAPP Coordinator.

Georgia Area Assembly Registration Guidelines For AMIAS Accompanying Alateens*

1. AMIAS obtains a completed and signed Georgia Alateen Permission/Medical Form from parent/guardian/or emancipated teen. All Alateens 19 years of age or younger not accompanied by a parent **must** have this signed form and be in the company of a certified AMIAS. Emancipated teens that are legally living on their own may sign their own Permission/Medical form provided they can show their court order paper work, but must be accompanied by an AMIAS and follow Alateen requirements in order to attend closed Alateen functions. An Alateen that drives themselves to Assembly must still have a signed Permission/Medical form and remain in the company of a certified AMIAS while at Assembly. **"Members in their teen years who are legally adults agree to abide by the same requirements as minor Alateens when they attend Alateen meetings and events." (2018-2021 Al-Anon/Alateen Service Manual, page 96, under "Alateen Membership).**
2. All sections on the form are to be completed. The AMIAS full name and phone number must be on the Permission Form. The AMIAS WSO ID# will be verified at registration with the list of current AMIAS supplied by the AAPP.
3. The AMIAS places the form in a covered binder to prevent disclosure of healthcare information and transports the Alateen to Assembly.
4. The AMIAS accompanies the Alateen to registration and signs them in. The teen does not bring the form and sign themselves in without the AMIAS. All Alateens will sign in on the Alateen Sign-in Form and then also on the Al-Anon Visitor sign-in sheet if they are not a GR, or on their district sign-in sheet if they are also a GR.
5. The responsible AMIAS must keep the signed Permission/Medical form with them at all times in case of an incident or illness. **Do not leave forms at the registration desk.** If no one is at the registration table when you arrive, contact the Alternate Delegate to set up a time to register the Alateen. Do not sign in the Alateen without a registration person present to verify the form and AMIAS ID#. AMIAS do not complete the 'Verified by' column of the Sign-in Sheet. This is for a separate registration individual to sign after checking the form and the AMIAS WSO ID#.
6. Alateens being transported to a separate location (i.e. Spaghetti Dinner) from where the Area Assembly is being held by an AMIAS other than the original AMIAS, must bring the Georgia Alateen Permission/Medical form to the registration desk to be given to the AMIAS responsible for transporting the teen to the new location. The transporting AMIAS will provide their name and cell phone number on the original sign-in sheet. Upon returning to the Area Assembly location, the transporting AMIAS will go to the registration desk and give the Permission/Medical Form back to the original AMIAS. The original AMIAS will initial the sign-in sheet signifying they are now in possession of the Permission/Medical form.
7. After Assembly, once the Alateen is returned to the agreed drop-off point with no incidences, the form can be shredded. In the event of an incident or illness, the AMIAS contacts the parent of guardian, contacts the AAPP Coordinator to get an Incident/Illness Notification Form, completes this form and sends the original Medical/Permission form to the AAPP with the completed, signed Incident/Illness form.
8. After Assembly, the Alternate Delegate sends Sign-in Sheets to the AAPP Coordinator for compliance purposes.

*As outlined in AFG of GA Assembly TF on Effectiveness of Alateen Within Georgia--Recommendation B and D; Dated 5-24-2014

Area Al-Anon/Alateen Function Name _____
 Sign-in Sheet
 Date _____

Alateen Name	Group Name	Accompanied by		Parent/AMIAS Name	Has Permission Form Yes/No	Verified by
		Parent	AMIAS			

At close of the function send this sign-in sheet to the AAPP Coordinator for compliance purposes.

Assembly Alateen Spaghetti Dinner Sign-in Sheet
Date

Alateen Name	Group Name	Accompanied by		Parent/AMIAS Name & Cell	Has Permission Form Yes/No	Verified by	Permission Form Held By List Name & Cell	Upon return to Area Assembly Form Returned to Name	Initials of receiving Parent/AMIAS
		Parent	AMIAS						
				Name			Name		
				Cell			Cell		
				Name			Name		
				Cell			Cell		
				Name			Name		
				Cell			Cell		
				Name			Name		
				Cell			Cell		
				Name			Name		
				Cell			Cell		
				Name			Name		
				Cell			Cell		
				Name			Name		
				Cell			Cell		
				Name			Name		
				Cell			Cell		

Permission forms will be held by the transporting AMIAS when traveling to and from the Spaghetti Dinner location. Upon return to the Area Assembly location forms will be returned to the original AMIAS. Forms will be exchanged at the registration desk. At close of Assembly send a copy of the sign-in sheet to the AAPP Coordinator for compliance purposes.

Georgia Alateen Conference Registration Guidelines

1. Alateens have a sign-in sheet at the conference (see page 22).
2. Registration volunteer verifies all Alateens 19 years of age or younger have a completed and signed Georgia Alateen Permission/Medical Form and signs their name on the sign-in sheet signifying verification.
3. Registration volunteer verifies the names and WSO-issued ID number of all AMIAS participating or accompanying Alateens are on the certification list that was provided by the AAPP coordinator.
4. All Georgia Alateen Permission/Medical Forms will be held in a specified central location by a designated AMIAS.
5. Registration Coordinator completes the section at the bottom of the registration form with the name and cell phone of the individual responsible for holding the form during the function.
6. Registration Coordinator provides all AMIAS at the conference with the name and cell phone number of the individual responsible for holding the forms during the function.
7. In the event of an incident/illness the AMIAS makes a copy of the Georgia Alateen Permission/Medical Form for their records and sends the original copy along with a completed and signed Incident/Illness Notification Form (see page 17) to the AAPP Coordinator. (Do this even if no medical treatment for the incident/illness was sought.)
8. Have the AMIAS/Parent initial the original sign-in sheet signifying the Georgia Alateen Permission/Medical Form was returned to them.
9. At the end of the conference give the copy of the Georgia Alateen Permission/Medical Form back to the original AMIAS/Parent.
10. Registration Coordinator sends the sign-in sheets to the AAPP Coordinator at the end of the function for compliance review.

Area Alateen Conference Sign-in Sheet

Date _____

Alateen Name	Group Name	Accompanied by		Parent/AMIAS Name & Cell	Has Permission Form Yes/No	Verified by	Upon Conference Closing Form Was Returned To Name	Initials of receiving Parent/AMIAS
		Parent	AMIAS					
				Name Cell				
				Name Cell				
				Name Cell				
				Name Cell				
				Name Cell				
				Name Cell				
				Name Cell				
				Name Cell				
				Name Cell				

Permission forms will be held by (NAME) _____ Cell Phone Number _____ during the Conference. Upon the close of the Conference forms will be returned to the original Parent/AMIAS. Forms will be exchanged at the registration desk. At close of the function send sign-in sheet to the AAPP coordinator for compliance purposes.

Alateen Group Records

It is the responsibility of each Alateen Group Sponsor to ensure that the group's records are kept up to date with the WSO and the Georgia Al-Anon website. Please refer to "How to Fill Out the Alateen Registration/Group Records Change Form (GR-3) on pages 24-25, before completing the GR-3 form (page 26). These forms can be downloaded from the Georgia website under the Members menu and then the Alateen tab. Contact the Georgia AAPP with any discrepancies for the group's listing on the Georgia Al-Anon website.

The completed GR-3 form is sent to our Georgia AAPP for processing, not our Georgia Area Group Records Coordinator as is done with Al-Anon group records. This is so the AAPP can verify the current AMIAS / Group Sponsor certification status. The AAPP enters new or updated group records information into the WSO database and coordinates accuracy of the information listed on the Georgia Al-Anon website and in the Area Directory with the Georgia Web Coordinator. New or inactive group information is also provided to the Alternate Delegate for Assembly Sign-in Sheet accuracy.



How to Fill Out the Alateen Registration/Group Records Change Form (GR-3)

1. Group Records

The **WSO ID#** is an 8 digit number assigned by the WSO at the time of registration. If this form is being submitted to change an already registered group please provide ID#. **District number** is used to sort the groups for Area printouts. **Area name (abbreviation)** is also used to sort information for group printouts.

2. Status

Indicate the current status of the group. Is this group being registered for the first time with the WSO?

3. Changes

If this group is already registered and changes are being submitted, check the appropriate box(es): group name, change in meeting place, meeting day or time, Current Mailing Address (CMA), Alateen Group Sponsor, contact, or Group Representative.

4. Details

Having an appropriate **group name** is very important because it is included in local and on-line meeting directories and may be a potential member's first impression of Al-Anon/Alateen. The group's name should be inviting to all and reflect Alateen principles. A group's name should not imply affiliation with any other Twelve Step group, self-help group, commercial venture, agency, religious group, rehabilitation facility, or other outside enterprise even if the name is associated with its location--e.g., ____ Church Alateen or ____ Hospital Alateen. All Alateen groups, regardless of age range, are registered as "Alateen".

A name that includes the town or section of the town, the meeting day, a slogan, or another phrase from our program is inviting to all and conforms to Al-Anon/Alateen principles. The group name may provide information about the format or focus of the meeting. Nicknames or attempts at humorous names may turn away potential members.

The WSO reviews new group names for adherence to Al-Anon/Alateen principles and may ask a group to choose another name if it is not in keeping with Alateen principles.

Member Count is an estimate of the number of members attending the meeting that consider themselves members of this group.

Mail Language is the language in which the group receives mail. The mailing language can be different from the meeting language (e.g. language spoken at the meeting is Spanish, but the group would like to receive mail from WSO in English). WSO mail can be sent in English, Spanish, or French.

Language Spoken is the language spoken at the meeting.

Age Range is the age limits of the members attending the meetings. The Alateen age range is generally 13-18; however, it is within the autonomy of each group to include children younger than 13. As young people reach age 18, they are legally adults and should be encouraged to transition to Al-Anon while still attending Alateen meetings.

Meeting Day/Time is the day of the week and time of the meeting. Please check AM or PM.

Location is where the meeting is held. Please include the name of the building followed by a full address including the zip code.

Location Instructions provide specific information about the group; e.g. meeting room number, or directions such as use the back door, etc.

Please note that all Alateen group meetings are closed; only Alateens and the affiliated Alateen Group Sponsor Sponsors may attend.

Limited Access groups meet in a location where our general membership may not be able to attend. Groups meeting in school settings would fall into this category. These are Alateen groups, but membership may be limited because of location.

Special needs: This group provides special features such as **Handicap Access** or **Sign Language**.

5. Group AMIAS

Group AMIAS are the AI-Anon Members Involved in Alateen Service (AMIAS) affiliated with the group; their certification status must be currently "Active". They may serve the group as Alateen Group Sponsors, the Current Mailing Address (CMA), and/or a Contact.

A Phone Contact is an AI-Anon Member Involved in Alateen Service who volunteers to give information over the phone to prospective members, parents, or professionals. These members need to know that the WSO may give callers their first name and phone number. Contacts may receive phone calls from newcomers who have had no previous contact with AI-Anon/Alateen or from visitors needing directions.

Alateen Group Sponsors are AMIAS who have completed the AI-Anon Member Involved in Alateen Service Form and met their Area's safety requirements to serve in this capacity. Please contact the Area Alateen Coordinator and/or Area Alateen Process Person for information.

Please note that when a Group Sponsor who is also the CMA for the group is removed, a replacement must be provided in order to process the form.

6. Current Mailing Address (CMA)

Current Mailing Address (CMA) is the address where the WSO will send group mail and where it will be picked up regularly. An Alateen group's CMA must be a certified AI-Anon Member Involved in Alateen Service who is responsible to take the mail to the group. Often one of the Alateen Group Sponsors serves as the CMA. The address needs to include the member's full name (for mailing purposes only). Some groups rent a post office box, and certified AI-Anon Members Involved in Alateen Service rotate the responsibility to deliver the mail to the group. Note that if the Sponsor serving as CMA is inactivated, the CMA must be changed.

To protect anonymity please do not use the word "Alateen" in the current mailing address when using a member's post office box or residence address.

7. For Area Use

An **Alateen Group Representative (GR)** is an Alateen member elected by the group. The GR attends District Meetings and Area Assemblies where problems are discussed and information is exchanged. No member may be a GR of more than one group at the same time. GRs usually serve a three-year term. Provide GR's full name and complete address.

Alateen Registration/Group Records Change Form (GR-3)

Alateen Registration/Change forms are submitted to the WSO through your Area process. Please check with your Delegate, District Representative or Alateen Coordinator for information on where to send this form.

1. Group Record

WSO I.D. Number _____
 District Number _____
 Area Name (Abbreviation) _____

2. Status

- New
- Change
- Inactive

3. Changes (Check all that apply)

- Group Name
- Current Mailing Address (CMA)
- Mtg Place Sponsor
- Mtg Day Contact
- Mtg Time GR

4. Details (Note: Alateen meetings are closed meetings)

Group Name _____ Member Count: _____
 Mail Language _____ Spoken Language _____ Age Range _____
 Meeting Day _____ Time _____ AM PM | Limited Access* Handicap Access Sign Language
Location: Meeting Place _____
 Meeting Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____

Location instructions, i.e. use back door, etc. _____

* See in the Policy Digest the section titled Membership and Group Meetings/Conventions of the Al-Anon/Alateen Service Manual (P24/27) for information and/or definitions

5. Group AMIAS Group Sponsors Must Complete the Al-Anon Member Involved In Alateen Service (AMIAS) Form

Group Sponsor(s) to Add or Remove. Please list the two primary group Sponsors. The WSO ID# will be assigned if new AMIAS. If CMA for the group is being removed, a replacement must be provided in order to process.

Add Remove

- | | | | | |
|--------------------------|--------------------------|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Name (first) _____ (last) _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work |
| | | WSO ID# _____ Phone _____ | <input type="checkbox"/> Cell | <input type="checkbox"/> Ok to list as a contact |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Name (first) _____ (last) _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work |
| | | WSO ID# _____ Phone _____ | <input type="checkbox"/> Cell | <input type="checkbox"/> Ok to list as a contact |
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Name (first) _____ (last) _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work |
| | | WSO ID# _____ Phone _____ | <input type="checkbox"/> Cell | <input type="checkbox"/> Ok to list as a contact |

Phone Contact (if other than Sponsor). Contacts must be Al-Anon Members Involved in Alateen Service (AMIAS)

Name (first) _____ WSO ID# _____ Phone _____

6. Current Mailing Address (All WSO mail for the group is sent to this address; please be sure it's a current AMIAS).

First Name _____ Last Name _____
 Street/PO Box _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Phone Number Home Cell Work _____ E-mail _____

7. For Area Use

Alateen GR (First/Last Name) _____
 Street/PO Box _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Phone Number Home Cell Work _____ E-mail _____

Submitted by: _____ Date: _____ Phone: _____ E-mail: _____

GR-3 Alateen 2/13

AMIAS Accompanies the Aleteen(s) to Area Function

