

Florida South Area 10
VOLUNTEER PROFILE FOR AN ADULT INVOLVED IN ALATEEN SERVICE

This information is confidential and will be used only in accordance with applicable laws.

Please note that to be eligible to serve as an Adult Involved in Alateen Service / Alateen Sponsor, an AA member must also be an Al-Anon member.

Full Name: _____

Address/City/State/Zip: _____

Phone: (day) _____ (evening) _____

E-mail: _____ Driver's License No. _____

State issuing your driver's license _____ Expiration date: _____ Date of Birth _____

You must enclose a photocopy of your driver's license

Please certify your agreement / compliance by initialing where indicated by (initials) _____

Table with 8 rows and 2 columns. Row 1: I am at least 21 years old. (initials) _____. Row 2: I have been active in my Al-Anon program for at least two years (initials) _____. Row 3: I regularly attend at least one Al-Anon meeting per week (initials) _____. Row 4: If you are new to the Florida South Area, welcome! Please tell us where you attended Al-Anon before. My home group was _____ located in _____ (group name) (city, state). Row 5: If you have prior experience as an Alateen Sponsor, please tell us: Total years as an Alateen Sponsor: _____ Where did you sponsor (city and state)? _____ From _____ to _____ (dates) (If more than one location, please add a page telling us where and when you sponsored.) Row 6: I understand that there must be at least one certified Alateen sponsor / volunteer present at every Alateen meeting. (initials) _____. Row 7: I agree to never engage in inappropriate behavior, including overt or covert sexual interaction / harassment, whether consensual or not, with an Alateen member. (initials) _____. Row 8: I have not been convicted of a felony. (initials) _____

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13.	I understand that if I am transporting an Alateen(s), the parent or legal guardian must have completed and notarized the form "Travel and Medical Release Including Authorization and Consent for Emergency Medical Treatment of a Minor," and I must keep this form in my possession at all times the Alateen is with me.	(initials) _____
14.	If asked by the Florida South Area or its designee to suspend or resign my position as a certified sponsor or volunteer in Alateen service, I shall consider the safety of the Alateens to be paramount and shall resign.	(initials) _____
15.	I agree that the Florida South Area Alateen Process Person who is designated to review and certify this profile may independently verify the information I have provided.	(initials) _____
16.	I have read, understand, and agree that I meet the criteria (those items requiring my initials) listed in this profile, and that I will step down from this service position at any time that I no longer meet this criteria.	(initials) _____

Signature: _____ Date: _____

Thank you! The next section needs to be completed by your Group and District. Please have one person from your group or your GR fill out the first part of this section. Then it needs to be completed by your District Representative (DR), Alternate DR, or AISL. If you have any trouble reaching your District, ask your Group Representative to help you, or go to the Florida South Area website at <http://www.southfloridaal-anon.org/>. You can find links to District contacts or you can e-mail the Area Webmaster to help you find any information you need.

Once your profile is completed at the District and Area levels, it will be forwarded to World Service and you will receive a certification number. You will be contacted by the Area Process Person to let you know that you are on the WSO list of certified sponsors / volunteers.

DISTRICT SECTION:

Al-Anon Group:

The volunteer completing this profile _____, is an active member of my Al-Anon Group
(Volunteer name)

_____ in District _____ or _____
(District #) (City, state)

_____ I am the GR of this group _____ I am a fellow member

Name: (Please print) _____ Phone Number: _____

Signature: _____ Date _____

CONCURRENCE SECTION BY DR, Alternate DR, or AISL:

Name: (Please Print) _____ Phone Number: _____

Signature: _____ Date _____ District # _____

My District Service Position is: ___ DR ___ Alt DR ___ AISL

Thank you! This form now needs to be sent to the Area Alateen Process Person (APP). **Mail this form to:**
M. Bartell-O'Neill
12956 Marcella Blvd.
Loxahatchee FL 33470

