



**ONTARIO SOUTH ASSEMBLY (AREA 86)**  
AL-ANON/ALATEEN FAMILY GROUPS

SECTION.10: FORMS & Miscellaneous  
C: SUPPORTIVE AL-ANON MEMBER (SAM)  
SCREENING APPLICATION AND CERTIFICATION FORM

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2012 01

Check one or both boxes.

- Application for Alateen Group Sponsor (Both weekly and back up)  
 Other: \_\_\_\_\_  
*(E.G. Driving Alateen members, Advisor, Committee work, attending conferences, any other service to Alateen)*

Check box if: New  **OR** Re-Certifying

**Applicant Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Applicant's Birth date:**              
DD MM YEAR

**Home Al-Anon Group:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Alateen Group (if applicable):** \_\_\_\_\_ **District:** \_\_\_\_\_

**I am the Al-Anon member applicant and I solemnly declare that:**

1. I attend Al-Anon meetings weekly.
2. I have spent at least two years in Al-Anon (in addition to any time spent in Alateen).
3. I am at least 23 years of age.
4. I have not been convicted of an Indictable offence under the Criminal Code of Canada, and I have not been charged with any offence involving violence, threats of violence, harassment, domestic abuse, child abuse, sexual assault, or any other inappropriate sexual behaviour.
5. I have not demonstrated serious emotional problems, which could result in harm to Alateen members.
6. I have read and agree to abide by the safety and behavioural requirements adopted by Ontario South Assembly, including those set forth by the Board of Trustees AFG Inc., and in Sections 11:A, 11:D, 11:E of the Area Policies & Guidelines Manual.
7. I agree to obtain a police background check verifying statement 4, and have included it, in a signed and sealed envelope, with this application for certification. This police background check is required for initial certification and every third year as communicated by the AAPP.
8. I am aware of the requirements set by AFG Inc. that:
  - a) all Alateen groups must adhere to the area's safety and behavioural requirements, failing which, the area must notify WSO, and WSO will remove from its approved registration list, any Alateen group that does not so comply.
  - b) each area must provide annual certification to WSO that each Al-Anon member involved with Alateen service has met the area's safety and behavioural requirements and has agreed to abide by them.

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

Signature of Applicant: \_\_\_\_\_

## SCREENING APPLICATION AND CERTIFICATION FORM

**Certification to WSO:** I am authorized by my **DISTRICT** to sign this form. I am not guaranteeing the behaviour of the applicant, but am confirming to the best of my knowledge, that the applicant's statements at paragraphs 1, 2, 3, 5, 6, 7, and 8 above are true and correct, and that the statement in paragraph 4 has been verified independently, as I have no personal knowledge about these statements.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ District: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification to WSO:** I am authorized by my Ontario South **AREA** to sign this form. I am not guaranteeing the behaviour of the applicant, but am confirming to the best of my knowledge, that the applicant's statements at paragraphs 1, 2, 3, 5, 6, 7, and 8 above are true and correct, and that the statement in paragraph 4 has been verified independently, as I have no personal knowledge about these statements.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Area: 86

Date: \_\_\_\_\_