SIAFG, Area 16, AMIAS Initial Candidate Profile **(All Information will be kept confidential)**

SIAFG-{Southern Illinois Al-Anon Family Groups}, **AMIAS**-{Al-Anon Members Involved in Alateen Service}

Full Legal Name (incl. middle name)_____
Any former names_____
Street Address (include mailing address)_____
City/State/zip code_____
Gender: ( ) female ( ) Male Date of birth _____ Race:_____
Phone # (mark mobile or home)_____
E-mail address_____
Home Group Name (& ID #, if known)_____
Home Group Contacts:

1. Name _____Phone_____
2. Name_____Phone_____

NOTE: Only active members may serve as an Al-Anon Member Involved in Alateen Service.

1. **I am at least 23 yrs. old. (initials)_____**
2. **I have been active in my Al-Anon Program for at least 2 consecutive years, in addition to anytime in Alateen, and I attend at least one Al-Anon meeting per week. (initials)_____**
3. **I make a one-year commitment to Area 16 Alateen Service (one day at a time). (initials)_____**
4. **I am and have been attending Al-Anon meetings in the Southern Illinois Area for at least one-year before volunteering for Alateen Service. (initials)_____**
5. **I have not been convicted of a felony, have not been charged with child abuse or any other inappropriate sexual behavior, and have not demonstrated current emotional problems which could result in harm of any kind to Alateen members. (initials)_____**
6. **I have read and am in compliance with Southern Illinois Area 16 Requirements for AMIAS. (initials_____**
7. **I agree that the District Representative and Area Alateen Process Person (AAPP) may independently verify the information presented on this Candidate Profile form. (initials)_____**
8. **I agree to allow the AAPP to conduct a confidential background check as authorized (initials)_____**
9. **I agree to step down as a candidate or Alateen Member Involved in Alateen Service any time I cannot meet the criteria or if asked to resign by a District/Area Representative (initials)_____**
10. **I have read, understand and agree that I meet items #1-9 above. (initials)____**

_____ _____ _____
Candidate Signature **Printed Candidate Name** **Date**

To the best of my knowledge the above Al-Anon member meets Southern Illinois Area 16 Safety and Behavioral Requirements:

District Representative Signature_____ Position_____

Printed District Representative's Name_____Date_____

Authorized Southern Illinois Area 16 Signature _____Position_____

Printed Authorized Southern Illinois Area 16 Name_____Date_____

SIAFG AAPP use only
Date of IL State Security Clearance_____ WSO ID #_____
10-2017