

### Southern Illinois Area 16 Alateen Sponsor Candidate Profile

First & Last Name: \_\_\_\_\_  
 Street Address (incl. mailing address): \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Group Name (and ID no. if known): \_\_\_\_\_  
 Home Group Contact(s):  
     Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
     Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: Only Active AI-Anon members may serve as an Alateen Sponsor or Co-Sponsor Candidate.**

I am at least 23 years old. (Initial) \_\_\_\_\_  
 I have been active in my AI-Anon program for at least 3 consecutive years. (Initial) \_\_\_\_\_  
 I attend at least one AI-Anon meeting per week. (Initial) \_\_\_\_\_  
 I make a 1-year commitment to Alateen Sponsorship (one meeting at a time). (Initial) \_\_\_\_\_  
 I am and have been attending Southern Illinois Area AI-Anon meetings for at least 1-year before volunteering for Sponsorship. (Initial) \_\_\_\_\_  
 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 current emotional problems which could result in harm to Alateen members. (Initial) \_\_\_\_\_  
 I have read and am in compliance with Southern Illinois Area 16 Requirements for Alateen Service. (Initial) \_\_\_\_\_  
 I agree that the District Representative and Area Alateen Process Person (AAPP) may independently verify the information presented on this Sponsor Candidate Profile form. (Initial) \_\_\_\_\_  
 I have read, understand, and agree that I meet items 1 through 8 above. I agree to step down as an Alateen Sponsor Candidate or Sponsor at any time I cannot meet the criteria or if asked to resign by my District or Area. (Initial) \_\_\_\_\_

\_\_\_\_\_  
 Alateen Sponsor Candidate Signature Date

\_\_\_\_\_  
 Printed Sponsor Candidate Name  
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To the best of my knowledge, the above AI-Anon member meets the Area's Safety & Behavioral Requirements.

\_\_\_\_\_  
 Authorized District / Local Signature Position Date

\_\_\_\_\_  
 Printed Authorized District / Local Name

\_\_\_\_\_  
 Authorized Southern Illinois Area 16 Signature Position Date

\_\_\_\_\_  
 Printed Authorized Southern Illinois Area 16 Name