

# OREGON AREA ALATEEN

## **Alateen Groups**

In Oregon, the Area Alateen Process Person (AAPP) is responsible for all Alateen Group Records. The Al-Anon Member Involved in Alateen Service (AMIAS) or the District Representative (DR) contacts the AAPP about establishing a new group, inactivating a group, or publishing any changes to an active group's meeting place/time. The DR informs the AAPP of changes to the Alateen group's Current Mailing Address (CMA), phone contacts for the public or the designated Alateen Group Sponsors. The AAPP updates WSO Online Group Records, then contacts the Oregon Area Web Coordinator to request updates to the Alateen Section on the Oregon Area website for meeting information.

## **Al-Anon Members Involved in Alateen Service (AMIAS)**

Each Oregon Alateen group maintains a close relationship with its District through the District Representative (DR). Serving as an Al-Anon Member Involved in Alateen Service (AMIAS) is a rewarding opportunity for growth and sharing recovery's experience, strength and hope. Al-Anon members who are also members of other 12-Step fellowships are eligible to apply for this service position by virtue of their Al-Anon membership.

## **New AMIAS Training**

Before becoming an AMIAS all applicants shall be trained by the Area Alateen Coordinator. The training session may happen at an Area assembly, a special event arranged by the AAC, or by an event arranged by invitation to the AAC from a DR.

In addition, all new AMIAS shall do in-service training, with a current group sponsor in an Alateen meeting, a minimum of 12 meetings.

## **Annual Recertification of AMIAS**

The Oregon Area cooperates with the WSO in annually confirming all contact information and active status for the Alateen Groups and the AMIAS. This is very important as the WSO communicates on our behalf with callers to the national 888 line and mails communications to the groups' CMAs. This process is completed by June 30th of each year and involves timely communication between the District Representatives, all AMIAS and the AAPP. Background checks are required for each AMIAS every three years. See recertification procedures.

## **AMIAS Non-Compliance – Procedures**

1. When an Al-Anon Member becomes aware that an AMIAS IS NOT IN COMPLIANCE with the Oregon Area Alateen Safety and Behavioral Requirements (listed on Page 4), that member has the responsibility to notify the Complaint Review Committee comprised of the DR, Area Alateen Coordinator (AAC), and the AAPP.
2. The Complaint Review Committee, after talking to each other and reasoning things out, in light of the Traditions, Concepts, and the Oregon Area Alateen Safety and Behavioral Requirements will make an inquiry. In the meantime, they will ask the person in question to stop meeting with the Alateens while an inquiry is conducted. Based on the spiritual principles contained in Concept Five, the AMIAS has the right of appeal if they disagree with the outcome of the inquiry which could include their inactivation.
3. If this person is the only AMIAS sponsoring this group, the DR must search for a replacement AMIAS and invite them to sponsor the Alateen group so that the group can continue meeting during the inquiry. If the AMIAS under inquiry continues sponsoring the group, the DR will notify the AAC and the AAPP. The Area will inform the group to stop using the Alateen name until a certified AMIAS is assigned to the meeting.
4. The AAPP updates the Alateen group information in the Online Group Records Application which will inactivate the Alateen group if no substitute sponsor is found. The web interface

alerts the WSO and the meeting will not be displayed on the al-anon.org website or shared from the toll-free meeting line.

### **Alateen Procedures – Complaint Received**

The following procedures are to be followed in the event a complaint is received. It should be noted all complaints should be handled at the group/District level if possible. If the complaint involves non-compliance with the Oregon Area Alateen Safety and Behavioral Requirements or concerns about inappropriate behavior by an AMIAS, the following steps must be taken. It is understood that the Complaint Review Committee, comprised of the AAC, AAPP, and DR will take additional actions at their discretion as all possible circumstances cannot be anticipated. The Complaint Review Committee will take a course of action to successfully resolve the complaint with the minimum impact to Alateen as a whole. In all cases, when resignation is the course of action, the request will be for a voluntary resignation of the AMIAS. For the purpose of these procedures, reference is made to the Alateen Safety Guidelines (G-34), for guidance and definitions of Alateens and AMIAS.

#### **1. Incidents Involving Complaints Received From Alateens**

- a. The DR representing the Alateen meeting, AAC or AAPP must be notified. When one of these trusted servants is notified, they will notify the others.
- b. The Area Delegate will be notified by the AAPP. This notification is for informational purposes only. The Area Delegate will be kept informed of the progress made. Anonymity will be protected at all levels.
- c. Either the AAC or AAPP and the DR will conduct an interview of the Alateen. This interview must be conducted with both the AAC or AAPP and DR together. If the Alateen member chooses, his/her Alateen Group Sponsor and/or parents may be present during this process.
  - 1.1 The Alateen will be kept informed of progress involved in the resolution of the complaint.
  - 1.2 The AAC or AAPP and DR will interview any Al-Anon member involved (this includes any AMIAS involved). The Al-Anon Member/AMIAS may request the presence of their DR, Sponsor, Service Sponsor, or other responsible Al-Anon member during the interview. To ensure anonymity, names will be disclosed only if necessary (and only as a last resort.)
- d. The Complaint Review Committee will determine to the best of their ability the validity of the claim.
  - 1.1 If there is conflicting information that could not be resolved by other means, a joint meeting between the Alateen and the AMIAS will be requested.
    - i. If the AMIAS declines this joint meeting, the AMIAS will be asked to resign immediately from the Alateen group.
    - ii. If the Alateen declines this joint meeting, either the AMIAS may be asked to step down for the benefit of the group or no further action will be taken. This decision will be made by the Complaint Review Committee (See item 2.c., below).
  - 1.2 If it can be determined there is sufficient cause, the AMIAS will be asked to step down from the Alateen group.
    - i. Sufficient cause can be interpreted to mean for the safety and welfare of the Alateen, Al-Anon or Alateen as a whole, and may be a situation where neither guilt nor innocence is implied.

#### **2. Incidents Involving Complaints Received From Others:**

- a. The Complaint Review Committee will investigate all complaints.
  - 1.1 The Complaint Review Committee will use the Oregon Area Alateen Safety and Behavioral Requirements, the Oregon Area AMIAS Application, Alateen Safety

Guidelines (G-34), the safety and welfare of Alateens, and the good of the program, as guiding principles.

- b. All initial interviews will take place in person.
  - 1.1 Alateen member interview: If an Alateen needs to be interviewed, this interview must be conducted with both the AAC or AAPP and DR together. If the Alateen member chooses, his/her Alateen Group Sponsor and/or parents may be present during this process.
  - 1.2 Al-Anon Member/AMIAS interview: The Al-Anon Member/AMIAS may request the presence of their DR, Sponsor, Service Sponsor, or other responsible Al-Anon member during the interview.
  - 1.3 Follow-up information may be gathered by other available means (e.g., phone, e-mail, other indirect communication.)
- c. The Complaint Review Committee can ask any AMIAS to resign from the Alateen meeting within the scope of section 2.a.1.1 as noted above. The DR can request an interim AMIAS to sponsor the Alateen meeting while the inquiry is taking place.
- d. At their discretion, The Complaint Review Committee can ask any AMIAS to temporarily step down from the Alateen meeting.

### **Appeals**

If an AMIAS disagrees with a decision, the AMIAS may submit their appeal to the Alternate Delegate. The Alternate Delegate will confer with the Complaint Review Committee to review the appeal and come to a final decision.

### **Area Alateen Safety and Behavioral Requirements Revision**

Area Alateen Safety and Behavioral Requirements will be reviewed every 5 years. Last reviewed by counsel August 26, 2019.

## Oregon Area Alateen Safety and Behavioral Requirements

The Oregon Area considers the safety of Alateen members and Al-Anon members who do service in Alateen of vital importance. Therefore, we adhere to the 2003 Alateen Motion from the Board of Trustees and the Safety and Behavioral Requirements in the following documents: Alateen Service e-Manual, Al-Anon Safety Guidelines #G-34, and Alateen Policy found in the current *Al-Anon/Alateen Service Manual* and the *Oregon Area Handbook Section VIII*.

The Oregon Area 47 recognizes and respects that each Alateen group is autonomous. The Area is responsible for use of the Alateen name. Therefore, matters of Alateen safety and behavior affect Al-Anon/Alateen as a whole. The following are the minimum requirements for Al-Anon Members Involved in Alateen Service (AMIAS) to be of service in Alateen:

1. Every adult working with Alateen in Oregon Area 47 must have successfully completed the AMIAS Candidate Procedures process as found in the Oregon Area Handbook. This process begins with the local District Representative (DR) through the Area Alateen Process Person (AAPP) who will process the completed application. All AMIAS cooperate with the Oregon Area AAPP in keeping their current contact information up-to-date, especially in responding to the DR for Annual Recertification.
2. In brief, to be considered to serve as an AMIAS, the candidate must:
  - a. Be an Al-Anon member regularly attending Al-Anon meetings, who has made a commitment to be of service to Alateen on a regular basis.
  - b. Be at least 21 years old.
  - c. Have at least two years in Al-Anon, in addition to any time spent in Alateen.
  - d. Have not been convicted of a felony; have not been charged with child abuse or any other inappropriate sexual behavior; and not have demonstrated emotional problems that could result in harm to Alateen members.
3. There must be at least one AMIAS at every Alateen meeting; however, two AMIAS at each meeting are recommended.
4. The Area prohibits overt or covert sexual interaction between any adult and Alateen members before, during, or after any Alateen meeting or activity.
5. Any conduct contrary to applicable law is prohibited.
6. Parental Permissions:
  - a. Written parental permission must be obtained prior to an Alateen attending any Al-Anon/Alateen-sponsored function, other than an Alateen meeting.
  - b. Written parental permission must be obtained prior to providing transportation for an Alateen to all Al-Anon/Alateen-sponsored functions, including Alateen meetings.
  - c. Written parental permission to treat an Alateen, in the event of a medical emergency when an Alateen is at a function that takes him/her away from the custodial parent/guardian, must be obtained prior to an Alateen attending any Al-Anon/Alateen-sponsored function. For Alateen meetings, parental permission needs to be obtained as soon as possible.

- d. Written parental proof of insurance or statement of financial responsibility for medical treatment must be obtained prior to an Alateen attending any Al-Anon/Alateen-sponsored function, other than an Alateen meeting.

## 7. Roles of an AMIAS

Al-Anon Members Involved in Alateen Service may serve in several roles, such as Group Sponsors or Substitute Sponsors, Drivers, or Chaperones, or other roles as may be determined by the Area. *AMIAS do not serve as personal sponsors to Alateen members.*

## 8. Conferences, Conventions, and other Alateen Events

Any Conference, Convention or event with Alateen participation must agree to abide by the Oregon Area Alateen Safety and Behavioral Requirements. Additional safety and behavioral guidelines are available for review for participation in Alateen events. Oregon Area 47 suggests that AMIAS familiarize themselves with the appropriate sections of the guideline *Alateen Conferences* (G-16) and with the Oregon Alateen Conference (OAC) guidelines (contact the Area Alateen Coordinator for a copy of the guidelines).

## 9. Alcohol/drug use

Alcohol or drug use by Alateens and AMIAS is specifically prohibited at Alateen events and meetings.

## 10. Reporting suspected child abuse

Oregon Area strongly recommends that each Alateen group follow the guidelines outlined in the Alateen Service e-Manual and the Alateen Safety Guidelines (G-34), which use the same language to address this issue, as follows:

- a. Where reporting is required by those identified as Oregon State Mandated Reporters, there is no choice but to comply with the law. "By law, mandatory reporters must report suspected abuse or neglect of a child regardless of whether or not the knowledge of the abuse was gained in the reporter's official capacity." See Mandatory Reporting, Oregon Department of Human Resources:

[https://www.oregon.gov/dhs/abuse/pages/mandatory\\_report.aspx](https://www.oregon.gov/dhs/abuse/pages/mandatory_report.aspx)

- b. Alateen Group Sponsors and AMIAS who are required by law to report cases of suspected child abuse should let the Alateens know, up front before sharing begins in any Alateen meeting, that they will disclose such incidents that are discussed at the meeting or event in order to comply with the law.
- c. The Alateen Group Sponsor or AMIAS should follow legal advice regarding anonymity, and report as an individual, not as a member of Al-Anon. Prior to reporting to the authorities, the Alateen Group Sponsor or AMIAS should discuss their intentions with:
  - i. Area Alateen Coordinator, District Rep., or another Area-designated trusted servant
  - ii. The Alateen member

## 11. Email, texting, and social media

Oregon Area 47 recognizes that Alateens respond best through electronic communication. That being given, Oregon Area strongly recommends that AMIAS confine their communication to the sharing of necessary information that concerns Alateen meetings.

Oregon Area recommends that AMIAS refrain from sharing personal contact information, such as social networking websites, personal e-mail or home addresses and phone numbers, unless required by an emergency situation. Alateen does have a presence on social media for public information about the program. Follow Alateen WSO on Instagram, Twitter, and Facebook.

12. Review of Requirements

The Oregon Area 47 Alateen Safety and Behavioral Requirements were reviewed by local counsel, R. Scott Corey, Springfield, OR on August 26, 2019 in accordance with the 2003 Alateen Motion from the Board of Trustees.

Please note that the Area Alateen Process Person (AAPP) and the Area Alateen Coordinator (AAC) are available to answer any questions about Alateen service that members might have.

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Printed Name of Applicant Phone No.

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Signature of Applicant

**TO BE FILLED OUT BY THE DISTRICT REPRESENTATIVE**

Write YES in the blanks below, when completed.

\_\_\_\_\_ RECEIVED APPLICATION

\_\_\_\_\_ INTERVIEWED CANDIDATE IN PERSON

\_\_\_\_\_ REFERENCES CONTACTED

\_\_\_\_\_ OREGON AREA ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS RECEIVED FROM APPLICANT

SEND ALL 3 PAGES OF APPLICATION (INCLUDING THIS PAGE) PLUS OREGON ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS, SIGNED BY CANDIDATE, TO THE AAPP

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
District Representative Signature Date

\_\_\_\_\_  
Print Name Phone

District No:



OREGON AAPP USE ONLY

Check received from District: \_\_\_\_\_(Date)

Background Check Approved: \_\_\_\_\_(Date)

WSO assigned ID Number Received: \_\_\_\_\_(Date)

WSO ID# \_\_\_\_\_

Authorization to be Certified AMIAS sent to DR \_\_\_\_\_ (Date)

\_\_\_\_\_  
Area Alateen Process Person Signature Date

**OREGON AREA AL-ANON MEMBER  
INVOLVED IN ALATEEN SERVICE (AMIAS) APPLICATION**

Last Name:	First Name:	Middle Initial:	Phone:
Address:	City/State:	Zip:	Email address:
Al-Anon Home Group:	City	District	Date of Birth:

These questions are requested to assure that you are an Al-Anon member qualified to meet the Oregon Area requirements for working with Alateen Members. An AA member who is not an Al-Anon member may not serve as a Sponsor Candidate. Please check a YES or NO and INITIAL each statement. Sign and Date the form below.

STATEMENTS	YES	NO	INIT.
I regularly attend _____ Al-Anon meetings each month.		n/a	
I am at least 21 years old.			
I have been active in the Al-Anon program for at least 2 years, excluding time in Alateen.			
I am new to this Al-Anon Area and have attended a local Al-Anon meeting for at least 6 months before volunteering for Sponsorship. (If not applicable, leave blank.)			
I have not been convicted of a felony, charged with child abuse or charged with inappropriate sexual behavior.			
I have not demonstrated emotional problems that could result in harm to Alateen members.			
I agree not to have overt or covert sexual interaction (whether consensual or not) with an Alateen member. This includes verbal statements, touching, rubbing or other contact which can be perceived to be sexual and makes either party or audience uncomfortable.			
If asked to resign my position as an Al-Anon Member in Alateen Service, I will consider the safety and welfare of the Alateen members to be very important and will resign. This implies neither guilt or innocence.			

**I have read, understand and agree that the statements checked and initialed above are correct. I agree to promptly notify the Oregon Area Alateen Process Person or District Representative when any of these statements have changed. As a consideration to serve as an AMIAS, I agree to submit to the Background check as required by the Oregon Area Alateen Safety and Behavioral Requirements. I make a two-year commitment to Alateen Service.**

Please provide the names of two Al-Anon Members and phone numbers for referral, one of which must be from your Home Group. Return this form to your District Representative when completed.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Al-Anon Member Involved in Alateen Service Applicant Signature**

**Date**



**AI-Anon Member Involved in Alateen Service**

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

**(Please print)**

First and last Name

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Street Address

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City, State, Province

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Zip/Postal Code:

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Phone (Indicate cell or home phone)

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e-mail:

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District No.: \_\_\_\_\_

I am in compliance with my Area’s Alateen safety and behavioral requirements and agree to abide by them.

\_\_\_\_\_  
Signature Date

To the best of my knowledge, the above AI-Anon members meets the area’s safety and behavioral requirements.

\_\_\_\_\_  
Authorized Area Signature (DR or AAPP) Date

(Please Print Name Below)

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Each area must certify to the WSO annually that each AMIAS has met the area’s Alateen safety and behavioral requirements and has agreed to abide by them.

WSO Assigned ID Number:																												
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For Area Use:																												
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# OREGON AREA AMIAS RECERTIFICATION APPLICATION

Last Name:	First Name:	Middle Initial:	Phone:
Address:	City/State:	Zip:	E-mail address:
Al-Anon Home Group:	City:	District:	Date of Birth:

These questions are requested to assure that you are an Al-Anon member still qualified to meet the WSO and Oregon Area requirements for working with Alateen members. *An AA member who is not an Al-Anon member may not serve as an Alateen Sponsor.*

**Please check a YES or NO and INITIAL each statement.**

Statement	Yes	No	Initial
I regularly attend _____ Al-Anon meetings each week	n/a	n/a	
Do you sponsor an Alateen group? If so, which group? _____			
Have you been convicted of a felony in the past year?			
Have you been charged with child abuse, inappropriate sexual behavior or have demonstrated emotional problems that could result in harm to Alateen members.			
Have you ever been asked to resign or been voted out of a meeting?			
Are you presently doing service for Alateen (such as Roundup, OAC, or fundraisers)?			
Have you read Alateen literature?			

**Sign and date this form.**

**I have read, understand and agree that the statements checked and initialed above are correct. I agree to promptly notify the Oregon Area Alateen Process Person or District Rep. when any of these statements have changed.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ DATE  
AMIAS Signature

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ DATE  
District Representative Signature

***Return this form and the signed Alateen Safety and Behavioral Requirements form to your District Representative. If you have no DR, return the forms to the AAPP.***