

**State of New Hampshire**  
**AREA 35 AL-ANON MEMBERS INVOLVED**  
**IN ALATEEN SERVICE (AMIAS)**  
**REQUIREMENTS**

**October 2000**

Amended by Motion 6 of the October 17, 2003 Assembly

Amended as required by Board motion mandates 12/18/2003

Approved by Motion 2 of the October 16, 2004 Assembly

Approved by AWSC ratification of the March 2005 Assembly

Approved addition of G-34 Form A by March 19, 2006 Assembly

Approved by Area Assembly October 21, 2006 to require all  
Alateen sponsors that meet in Alateen meetings anywhere in New  
Hampshire (Area 35) meet the requirements of the "State of NH  
Area 35 Alateen Sponsorship/Volunteer Requirements"

Approved by the March 17, 2012 Assembly

WSO required changes accepted by May 19, 2012 Assembly  
Including clarification in the Process for AMIAS Certification  
section, 11. Item c. and d.

Reviewed by local counsel Kim M on May, 2018

WSO required changes accepted by October 19, 2019 Assembly

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## **NEW HAMPSHIRE AREA 35 REQUIREMENTS FOR AL-ANON MEMBERS INVOLVED IN ALATEEN SERVICE (AMIAS)**

An AMIAS is an Al-Anon member who is currently certified through the NH Area 35 Process and is therefore eligible to be directly responsible for Alateens while being of service to Alateen. AMIAS may serve as Alateen Group Sponsors, chaperones, drivers or other roles as outlined in the NH Area 35 AMIAS Requirements. These requirements are presented in addition to the WSO Safety and Behavioral Requirements as found in the *Al-Anon/Alateen Service Manual* (P-24/27) Policies section.

Further information may be found in the following Conference Approved Literature publications:

- *Al-Anon/Alateen Service Manual* (P-24/27)
- Guidelines
  - G5 Alateen Meetings in Schools
  - G16 Alateen Conferences
  - G19 Starting an Alateen Group
  - G24 Area Alateen Coordinators
  - G34 Alateen Safety Guidelines

A Guide to Alateen Sponsorship: An Unforgettable Adventure (P-86) and the bookmark that came after are no longer in print. They were replaced with the Alateen Service e-Manual. This service tool is available as a free download from Al-Anon/Alateen Members' website: [www.al-anon.org](http://www.al-anon.org) under members tab.

### **WHO NH AREA 35 WILL RECOGNIZE AS AN ALATEEN GROUP SPONSOR:**

A recognized Alateen Group Sponsor is a Certified AMIAS and responsible adult member of Al-Anon who attends Al-Anon regularly and who shares his/her recovery experience gained through working the Twelve (12) Steps, Twelve (12) Traditions and Twelve (12) Concepts of Service. He/she helps the Alateen focus on the Al-Anon/Alateen program.

### **REQUIREMENTS FOR AMIAS:**

- Is at least 23 years old
- Currently attends at least one NH Al-Anon meeting weekly
- Has been an active Al-Anon member for at least two years in addition to any time spent in Alateen, and participates fully in a home group [refer to *Al-Anon/Alateen Service Manual* (P-24/27)]
- Has a personal and a service sponsor
- Has never been charged with child abuse
- Has never been charged with reckless endangerment, convicted of a felony or any offense involving sexual/physical violence against children or adults
- Does not demonstrate emotional problems which could result in harm to Alateen members
- Understands that overt or covert sexual interaction to include language between any adult and Alateen member is prohibited (See **NH AREA 35 ALATEEN MEETING BEHAVIOR REQUIREMENTS; Respectful Behavior**)
- Has passed the NH Area 35 criminal background check
- Annually completes the NH Area 35 AMIAS Recertification Form (See Appendix Form #6)

### **PROCESS FOR AMIAS CERTIFICATION:**

1. Contacts the NH Area 35 Alateen Coordinator
2. Completes the AMIAS training
3. Submits the completed State of NH Criminal Records Release Authorization (See Appendix Form #1) and Private Investigative Firm (See Appendix Form #2) forms for a background check to the NH Area 35 Area Alateen Process Person (AAPP)
  - a. NH Area 35 utilizes a private investigative firm for a nationwide criminal background check, verification of a Social Security Number and all present and prior residences. The private investigative firm stores all records and communicates only the pass or fail result(s), specifically without explanation or reasoning to the NH Area 35 Chairperson AAPP and Alateen coordinator.
  - b. AAPP then relays pass or fail results to the member requesting certification.
  - c. In the event of a failed background check member requesting certification please refer to step # 5.
4. Submits the completed NH Area 35 AMIAS Application Form (See Appendix Form #3) to the NH Area 35 AAPP
5. Passes the background check. In the event of a failed background check, the member requesting certification may contact the private investigative firm to dispute.
6. NH Area 35 AAPP provides the Al-Anon Member Involved in Alateen Service Form (See Appendix Form #4) for completion
  - a. The candidate returns the form to the NH Area 35 AAPP
  - b. The AAPP processes the paperwork and inputs the required information in the Online Group Records database application. This completes the AMIAS certification for the NH Area. The WSO assigns an identification number to finalize the process.
  - c. The NH Area 35 AAPP notifies the AMIAS and the Alateen Coordinator that their certification is complete

### **PROCESS FOR ANNUAL AMIAS RECERTIFICATION:**

To maintain AMIAS status after the initial certification process:

- **Every AMIAS will complete the NH Area 35 AMIAS Recertification Form (See Appendix Form #6) and return it to the NH Area 35 AAPP by June 1<sup>st</sup> of each succeeding year**
- Failure to return the recertification form by June 1<sup>st</sup> will place the AMIAS into an inactive status with NH Area 35 and the WSO. The AAPP will notify the AMIAS of the need to complete another AMIAS training and submit a new Al-Anon Member Involved in Alateen Service Form (See Appendix Form #4) to the AAPP
- Background checks will be updated three (3) years after the initial certification and every three (3) years thereafter
- The AMIAS will attend a formal AMIAS training at least once every three (3) years.
- The AMIAS will participate in at least one AMIAS meeting annually

### **RESPONSIBILITIES OF A NH AREA 35 ALATEEN SPONSOR:**

- Participates in the district meeting where the Alateen meeting takes place
- Participates fully in Al-Anon meetings

- Attends the Alateen meeting each week or arranges for an AMIAS if unable to attend
  - a. **If two (2) qualified AMIAS are not available, a sponsor notifies Alateen members and the GR of the supporting Al-Anon group that there are not enough qualified AMIAS available to hold a meeting.** *“When there are no certified Al-Anon members available to be of service to the Alateen group, the Alateens are always welcome to attend an Al-Anon meeting”* ***Al-Anon/Alateen Service Manual*** (P-24/27)
- Provides a core of stability for the Alateen group
- Has a working knowledge of the Twelve (12) Steps, Twelve (12) Traditions and Twelve (12) Concepts of Service
- Has a working knowledge of:
  - a) The current ***Al-Anon/Alateen Service Manual*** (P-24/27)
  - b) All NH Area 35 documents
    - i. *By-Laws of Al-Anon/Alateen Family Groups New Hampshire, INC.*
    - ii. *NH Al-Anon/Alateen Area Assembly Statement of Policies and Procedures*
    - iii. *New Hampshire Al-Anon/Alateen Area 35 Convention Guidelines*
    - iv. *NH Area 35 Handbook and Job Descriptions*
    - v. *State of New Hampshire Area 35 Al-Anon Members Involved in Alateen Service (AMIAS) Requirements*
    - vi. *NH Al-Anon/Alateen Area Assembly Spiritual Agreement between the Assembly and the Board*
    - vii. *New Hampshire Area 35 KBDM Guidelines.*
  - c) Alateen Service tools [Conference Approved Literature (CAL)]
  - d) All WSO Guidelines pertaining to Alateen
- Is familiar with the NH Area 35 Requirements for AMIAS which includes Alateen Meeting Behavior Requirements
- Provides a safe meeting place
  - i. Near the supporting Al-Anon group, unless held in a school or other facility [see ***Al-Anon/Alateen Service Manual*** (P-24/27)]
  - ii. With two (2) AMIAS at every meeting
- Is familiar with NH state law regarding reporting of abuse
 

See Title XII Public Safety and Welfare Chapter 169-C Child Protection Act (See Pages 10-11: Laws) In NH all citizens are legally responsible to report any suspected child abuse, including neglect, to DCYF (Division of Child, Youth and Family) at 1-800-894-5533

  - a. Reports are made to DCYF on a personal basis, rather than as an Alateen sponsor, in keeping with Tradition 10
  - b. Maintains the teen member’s anonymity within the fellowship in keeping with Tradition 12
  - c. Maintains the alleged abuser’s anonymity within the fellowship in keeping with Tradition 12
  - d. Maintains care to safeguard the principles of the program
- Reminds the group at the opening of each meeting that NH State law mandates reporting suspected child abuse/neglect
- Follows procedures regarding reporting child abuse/neglect:
  - a. When an AMIAS suspects child abuse/neglect, it is his/her legal responsibility to report child abuse by calling the toll-free number for the DCYF (Division of Child, Youth and Family) at 1-800-894-5533. This report to the hotline number can be made anonymously. Please be advised that the DCYF Hot Line is not 24/7

and therefore the AMIAS' duty as a NH citizen as a mandatory reporter is not met if contact to DCYF has not been completed. The AMIAS is then directed to contact the local law enforcement agencies and provide them with the same information that DCYF requires.

b. DCYF and local law enforcement may require the following:

- report may be made orally by telephone with the caller giving his/her name and address, or by a written report, and shall include the following to the extent available:
  - the address and age of the abused or neglected child
  - the address of the person or persons having custody of the abused or neglected child
  - the nature and extent of the abuse or neglect or the conditions and circumstances which would reasonably result in such abuse or neglect
  - any evidence of previous abuse or neglect including the nature and extent, and any other information which in the opinion of the person may be helpful in establishing the cause of such abuse or neglect
  - the identity of the perpetrator or perpetrators.
- Guides the Alateen group toward focusing on the Twelve Steps for personal recovery
- Collaborates with group members for meeting topics according to the suggested Meeting Ideas in the *Al-Anon/Alateen Service Manual* (P-24/27) (see Groups Section/Basics for Group Meetings/Meeting Ideas)
- Helps the Alateen members take responsibility for the affairs of the group through implementation of the Twelve (12) Traditions and the Twelve (12) Concepts of Service
- Makes sure the Alateen group is currently registered with the WSO and the NH Area 35 Group Records Coordinator
- Assists the Group Representative (GR) in updating group meeting information as needed
- Reminds the Group Representative (GR) or Alternate GR of the need to attend district meetings and Assemblies and assists as needed
- Acts as the Current Mailing Address (CMA), Current Email Address (CEA), and the WSO telephone contact as indicated on the Alateen Registration/Group Records Change Form (See Appendix Form #5) to be given to the AAPP
- Knows how to contact the DR where the Alateen meeting takes place
- Knows how to contact the NH Area 35 Alateen Coordinator, the NH Area 35 AAPP and the NH Area 35 Officers
- Coordinates the participation of Alateen members in district and NH Area 35 Al-Anon/Alateen functions
- Provides Alateen members with information about NH Area 35 Al-Anon/Alateen functions
- Provides Alateen members with contact information for the DR and NH Area 35 Officers (Chairperson, Secretary, Treasurer, Delegate and Alternate Delegate)
- Participates in at least one AMIAS meeting annually
- Complies with the annual recertification process

The above responsibilities also apply to any AMIAS acting as a temporary Alateen group sponsor

## **PROCESS FOR REMOVAL OF AMIAS STATUS:**

- Any Al-Anon or Alateen member with any concern regarding an AMIAS is urged to contact the DR, the NH Area 35 Alateen Coordinator or a NH Area 35 Officer.
  - Alateen-coordinator@nhal-anon.org  
To contact NH Officers by e-mail:  
[chairperson@nhal-anon.org](mailto:chairperson@nhal-anon.org)  
[secretary@nhal-anon.org](mailto:secretary@nhal-anon.org)  
[treasurer@nhal-anon.org](mailto:treasurer@nhal-anon.org)  
[delegate@nhal-anon.org](mailto:delegate@nhal-anon.org)  
[alt-delegate@nhal-anon.org](mailto:alt-delegate@nhal-anon.org)
- Concerns may include, but not be limited to: displaying inappropriate behavior, being a threat to the unity of the group, no longer meeting the sponsor qualifications **or** the possibility of not being in compliance with NH Area 35 requirements. The Area Alateen Coordinator will conduct an investigation and take appropriate action consistent with the principles of the Al-Anon/Alateen program and state law. Upon review of the information and finding that potential removal of the AMIAS may be warranted, a committee will be formed consisting of the Alateen Coordinator and the NH Area 35 Officers.
- The Committee will meet with the AMIAS in question to review the concerns and seek resolution consistent with the principles of the Al-Anon/Alateen program and state law. A recommendation of action will be made. If a resolution cannot be made, then removal of the AMIAS will be determined by a vote of the NH Area 35 Officers. **NOTE: the Alateen Coordinator does not have a vote on this committee. The Alateen Coordinator serves solely as the subject matter expert related to all Alateen matters.**
- The Committee will inform the AMIAS of its decision and provide him/her with a brief summary of their findings and if the AMIAS becomes inactivated or ineligible, the AAPP will update the records of this AMIAS with WSO.
- The Area Secretary provides a copy of the summary to each Area Officer and files the summary with the Archives Coordinator to be saved as a record in the NH Area 35 archives. The AMIAS' anonymity should be protected at all times. These findings should only be shared with the AWSC if the AMIAS has been removed and wishes to be reinstated.
- In accordance with Concept 5, the AMIAS that has been removed may petition the NH Area 35 AWSC if he/she wishes to again become an AMIAS after being removed. Upon this request, the summary on file in the NH Area 35 archives is then obtained and shared with the AWSC. It is then up to the AWSC to determine whether to reinstate the AMIAS. This must be done by a two-thirds (2/3) majority vote. This vote is only reinstating that the AMIAS may start the Process for AMIAS Certification again.
- A brief summary of the situation and action will be reported at the next Assembly.

## **ADULT ATTENDANCE AT ALATEEN MEETINGS:**

- For information about open Alateen meetings, refer to the *Al-Anon/Alateen Service Manual* (P-24/27)
- The AMIAS may attend an Alateen meeting as a temporary group sponsor upon the request of the Alateen group members or the Alateen Group Sponsors
- The DR may attend any Alateen meeting within their district by group invitation but must leave after the opening is read
- The NH Area Officers who are not AMIAS may attend any Alateen meeting by group invitation but must leave after the opening is read
- The NH Area 35 Alateen Coordinator may attend any Alateen meeting
- Non-AMIAS may attend an Alateen meeting by group invitation only but must leave after the opening has been read

## **NH AREA 35 ALATEEN MEETING BEHAVIOR REQUIREMENTS**

### **Purpose:**

To satisfy the minimum requirements of Al-Anon Family Groups, Inc. (AFG, Inc.) for the safety and behavior of teens and adults before, during and in association with all Al-Anon/Alateen functions, including meetings, workshops, and conventions both in NH Area 35 and in other areas. There must be two (2) qualified AMIAS present at every NH Area 35 Alateen meeting. If two (2) qualified AMIAS are not available, Alateens are always welcome at the Al-Anon meeting. At all other functions Alateens must always be in the presence of an AMIAS except at an Al-Anon meeting since Alateens don't need to be with an AMIAS in an Al-Anon meeting.

### **Opening AMIAS Remarks:**

- Keep sharings Alateen/Al-Anon related
- Commit to your meeting
- Be respectful of meeting times
- Stay for the entire meeting

### **Respectful Behavior:**

- Hugs may not be something everybody wants, so be respectful of others and ask first
- Act respectfully with no fighting, intimidating, hazing, roughhousing, inappropriate touching or public displays of affection
- Overt or covert sexual interaction to include language between any adult and Alateen member is prohibited
- Come to the meeting free of alcohol, illegal drugs, and medications that are not prescribed for you
- Weapons and other threatening objects will NOT be allowed
- Matches and lighters are not to be used inside the meeting place



- Only service animals are allowed
- NH law prohibits tobacco use by minors
- Respect the rules of the meeting place
- Maintain the condition of the meeting area and premises, including but not limited to trash disposal

### **Respectful Communications:**

Please address others without hostility, threats, gestures, sexual suggestion, harassment, bullying or vulgarity

### **Dress:**

Dress appropriately and respectfully (can you wear it to school???)

### **Safety:**

- If an Alateen member describes past or current abuse to any adult, that person is **bound by NH law** to report it to DCYF at 1-800-894-5533.
- If an Alateen member reveals having suicidal thoughts an adult needs to ensure their safety. Notification to parent or guardian and/or proper authorities **must be made**. If the thoughts are related to abuse or neglect, the incident must be reported to DCYF.
- Drive carefully and obey all applicable traffic laws (i.e. in NH seatbelts are required for all individuals under the age of 18).
- Whenever an Alateen member is being transported by an AMIAS:
  - A notarized NH Area 35 Parental Permission and Authorization to Obtain Medical Care Form (See Appendix Form #7) is required
  - Obtain Form G-34A Information and Permission Form (See Appendix Form #8)

### **Convention/Overnights/trips:**

- Alateens must be sponsor-approved and registered to attend:
  - Form #7 must be completed and returned to the AMIAS (See Appendix Form #7)
  - Form #8 must be completed and returned to the AMIAS (See Appendix Form #8)
- Whenever an Alateen member is being transported by an AMIAS:
  - A notarized NH Area 35 Parental Permission and Authorization to Obtain Medical Care Form (See Appendix Form #7) is required
  - Obtain Form G-34A Information and Permission Form (See Appendix Form #8)
- Attendees shall arrive and depart as a group with an AMIAS
- Smoking is allowed as **described by NH law** in designated areas
- Coed dorming/rooming with family only
- Hazing or destructive “fun” will not be tolerated
- Alateens and NH Area 35 AMIAS must meet periodically during the day for safety checks

# **TITLE XII**

## **PUBLIC SAFETY AND WELFARE**

### **CHAPTER 169-C**

#### **CHILD PROTECTION ACT**

##### **Reporting Law**

##### **Section 169-C:31**

**169-C:31 Immunity From Liability.** – Anyone participating in good faith in the making of a report pursuant to this chapter is immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant has the same immunity with respect to participation in any investigation by the department or judicial proceeding resulting from such report.

**Source.** 1979, 361:2. 1994, 411:17. 1995, 310:175, eff. Nov. 1, 1995.

##### **CROSS REFERENCE**

Immunity from liability of members of bureau, see RSA 169-C:38

##### **Section 169-C:38**

##### **169-C:38 Report to Law Enforcement Authority.** –

I. The department shall immediately by telephone or in person refer all cases in which there is reason to believe that any person under the age of 18 years has been: (a) sexually molested; (b) sexually exploited; (c) intentionally physically injured so as to cause serious bodily injury; (d) physically injured by other than accidental means so as to cause serious bodily injury; or (e) a victim of a crime, to the local law enforcement agency in the community in which the acts of abuse are believed to have occurred. The department shall also make a written report to the law enforcement agency within 48 hours, Saturdays, Sundays and holidays excluded. A copy of this report shall be sent to the office of the county attorney.

II. All law enforcement personnel and department employees shall cooperate in limiting the number of interviews of a child victim and, when appropriate, shall conduct joint interviews of the child. Employees of the department shall share with the investigating police officers all information in their possession which it is lawful for them to disclose to a law enforcement agency. Investigating police officers shall not use or reveal any confidential information shared with them by the department except to the extent necessary for the investigation and prosecution of the case.

## Section 169-C:38 (continued)

III. No staff member of the department shall be held civilly or criminally liable for a telephone referral or a written report made under paragraph I.

IV. Law enforcement personnel or department employees who are trained caseworkers shall have the right to enter any public place, including but not limited to schools and child care agencies, for the purpose of conducting an interview with a child, with or without the consent or notification of the parent or parents of such child, if there is reason to believe that the child has been:

- (a) Sexually molested.
- (b) Sexually exploited.
- (c) Intentionally physically injured so as to cause serious bodily injury.
- (d) Physically injured by other than accidental means so as to cause serious bodily injury.
- (e) A victim of a crime.
- (f) Abandoned.
- (g) Neglected.

V. For any interview conducted pursuant to paragraph IV, the interview with the child shall be videotaped if possible. If the interview is videotaped, it shall be videotaped in its entirety. If the interview cannot be videotaped in its entirety, an audio recording of the entire interview shall be made.

**Source.** 1979, 361:2. 1986, 225:1. 1988, 237:1. 1994, 411:17. 1995, 310:175. 1998, 185:1, 2, eff. Jan. 1, 1999.

<http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-169-C.htm>

## NH Alateen Sponsor Guidelines

### Frequently Asked Questions

*Original Historical Document—March 2001*

*Written By Sue K, NH Delegate—Panel 39, 1999-2001*

#### **Why do we need guidelines?**

The World Service Conference, Al-Anon's largest group conscience representing Al-Anon and Alateen groups, discussed many concerns over the years regarding recovery and the safety of minors. Experience within the Alateen groups worldwide began to point the need for development of safety guidelines, examining the role of sponsors and the behavior of all members.

As a result, the World Service Office and Alateen Committee developed, produced and distributed Alateen Safety Guidelines (G34), Al-Anon guidelines for Adults involved in Al-Anon Service (G35), and Alateen Sponsor Questionnaire (necessary before an Alateen group can register) and a sponsor training workbook following the direction of the World Service Conference. However, each Area is responsible to know its own state laws and regulations regarding minors and safety and develop their own additions. A committee of past and present NH Alateen coordinators and sponsors, district representatives and delegate worked for 1 ½ years developing these guidelines for AWSC recommendation and Assembly approval. Alateen Sponsor guidelines, including a background check, were approved in October 2000 at the Area Assembly.

#### **Why not just a state background check? Why all these different parts?**

Since the Federal Child Protection Act of 1993, the courts in NH are holding individuals working with minors to a higher standard about *knowing what you should know and doing what you should to know what you should know or showing due diligence*. Because someone attends meetings does not make him or her healthy. Individuals who might not be honest about their motives for wanting to be with minors or their past history are few in our fellowship but they may be in our midst. You need all the pieces to the puzzle to see the picture. State repository of information does not necessarily include county records. Neither includes motor vehicle information. Social Security # verification will prevent mistaken identity and address verification will flag individuals who might not be forthcoming about all their background. There is only a need to know what we need to know—other information about an individual is not our concern—only things that might affect the safety of our minors.

#### **Why use a private investigator?**

Initially we thought we would just have the Area Coordinator send for a state criminal background check. Issues came up about privacy and storage of records. After much searching, discussion with other organizations, human resource, volunteer administrators, and some of their legal counsel, we came to the conclusion to talk to a reputable licensed private investigator.

#### **Why not just do a background check online?**

There is limited information available online. Professionals with licenses have access to aggregators, compilers and information apart from and in addition to the online information we could obtain as an organization. Use of a professional will cost less, be more thorough and faster.

#### **What about anonymity?**

Using a private investigator, Al-Anon stays further removed. Releases will be to the private investigator. Anonymity will be more protected than that of the Area officers signing checks and conducting the business for Al-Anon. The PI is bound by license to protect information and privacy.

#### **What about privacy? Why hire someone to do this?**

NH Area Al-Anon Chairperson or Secretary will be notified by the private investigator of any red flag—given pass/fail report. No member of Al-Anon would know anything else. Information will be held by the licensed professional and not stored in some Al-Anon's box of papers at home to be discovered. If legal action were taken, the private investigator would have back up information that NH Al-Anon had shown due diligence.

## **NH Alateen Sponsor Guidelines**

### **Frequently Asked Questions**

*Original Historical Document —March 2001*

*Written By Sue K, NH Delegate—Panel 39, 1999-2001*

#### **How much does this cost?**

The state or county fee determines the cost with a few dollars added for the time of the private investigator. The established cost includes the storage of records. If an individual has resided in multiple states, there will be a fee from each state. Fees have been suggested and may be slightly negotiable. A background check will be \$77.00. Like an insurance policy we hope we never have to use but grateful that it's there if we need it. We pay the premium now to offset costs later.

#### **Who will pay?**

The Area has funds allocated. Districts may need to share the cost especially if they have multiple applicants.

#### **Does this violate traditions?**

No. We purchase services from auditors, lawyers, convention sites, etc. WSO does not have concern about the use of a private investigator. We will continue to work closely with WSO, the Alateen Coordinator and the NH Area to improve these guidelines as experience suggests.

#### **Why do we have an application form?**

An application form for screening is a legal issue for all organizations, both volunteer and employer, and must be carefully worded, avoiding discrimination. It is the initial step in a process that involves the district and area as well as training for the prospective sponsor after they have passed a background check. The teens will have voice in the selection once the applicant passes the screening and turns into a sponsor candidate.

# NH Alateen Sponsor Guidelines

## Background

*Original Historical Document —March 2001*

*Written By Sue K, NH Delegate—Panel 39, 1999-2001*

Sue K was Chairperson of the first committee that wrote the original “NH Alateen Sponsor Guidelines”. The 2011 Task Force recommends leaving this document unchanged to preserve the history of the process.

### NH Alateen Sponsor Guidelines Background

NH Area Assembly adopted Alateen Sponsor Guidelines in October, complete with background check. (That's how we celebrated Alateen month) NH law does not mandate or rule such but the courts are holding any group or volunteers with minors to a much higher standard in terms of *knowing what you should know or doing what you should do to know / due diligence* especially since the federal Child Protection Act of 1993 (which has now been extended to include elders and disabled adults in addition to minors). Past and current Alateen sponsors, coordinators, district reps and delegate met for 1 ½ years to develop these-they outline an extensive process which involves the district and area as well as training for the prospective sponsor after they have passed a background check (member attorneys within program reviewed and outside attorney questioned). As you review them, you see they are safety centered and fair, giving the teens a voice in the matter once the applicant passes the screening and turns into a sponsor candidate.

Issues came up about privacy and storage of records. Initially we thought we would have the Area Alateen Coordinator send for a NH State criminal check (needs notarization) in NH. After much searching, discussion with other organizations, human resource, volunteerism administrators, and questioning some of their legal counsel/risk management, we came to the conclusion to talk to a reputable licensed private investigator utilized by some of the aforementioned.

It seems that to provide a diligent background check for volunteers working with minors (*especially offsite and in the field/without supervision*) criminal background check needs state and county along with SS# and address for verification for accuracy. If someone has lived in another state, we obviously need to check there. Perpetrators are known to cross state lines and we also live in a geographic area that has multiple states within easy driving distance. We are not suggesting a Federal check. Motor vehicle check because that is separate from criminal. (one speeding ticket does not make one fail)

A licensed PI must provide safe record storage and retention and is bound by regulation, reporting only pass/fail to Area Chair or Secretary. We have no attorney on retainer to store records. Release forms could be made out to the PI and not to AI-Anon thus protecting anonymity. No AI-Anon would have access to specific info about any applicant. No family member or group would have access to "papers in a box" that might be sensitive.

Application form for screening is a legal issue for all organizations both volunteer and employer and must be carefully worded avoiding discrimination. An application form is necessary. We have used the WSO Sponsor Questionnaire as a template. Many hours of legal consult and fees were invested in its development and today an Alateen group is not registered at WSO without the Questionnaire being completed. NH still needs its own as a screening tool.

In conversations with WSO, I think we have moved ahead with this issue. AI-Anon as a whole has talked about this issue for years and accidents and lawsuits have been happening. The safety guidelines presented to us clearly state each Area needs to do its homework in regard to the laws in its state. I would have never believed it would come to this but it is today's reality.

We are responsible for our Alateens and where, what and with whom they interact is a moral as well as legal responsibility each of us holds. Our Area is incorporated but that will not protect teens from harm and individuals from personal risk. We are deciding on the use of a private investigator today. At first thought this would seem inconceivable. Just like an employment background check that most of us have had. (Read the fine print on the employment application) It keeps us away from judgment, criticism, and gossip while keeping our kids safer.

WSO has also asked us to consider working on behavior guidelines with the teens. Our coordinator almost fell over when she heard this on the conference call but I think they're up to the task. The committee work history and drafts will also be sent to them along with our final copy.

## **2003 Board of Trustees Motion**

The Alateen Advisory Committee, the Group Services Committee, the World Service Office Policy Committee, and the Board of Trustees of Al-Anon Family Group Headquarters, Inc. have studied the issues concerning the safety and behavior of Alateen members and individuals involved with Alateen service. The Board has reviewed the documents and actions of previous Conferences, previous Committees, and the World Service Office correspondence with legal counsel, individual members, Alateen Sponsors, Coordinators, as well as area and district officers.

The Board of Trustees has determined:

- Not all areas have written safety or behavioral requirements for Alateens and individuals involved with Alateen service.
- The WSO registration procedures and policies should support areas that have developed safety and behavioral requirements.
- The Al-Anon fellowship should take all necessary steps to provide a safe environment for Alateens and the Al-Anons involved with Alateen service.

As Tradition Four states, "Each group should be autonomous, except in matters affecting another group or Al-Anon or AA as a whole." The Board of Trustees has determined that issues of safety and behavior by Alateens and individuals involved with Alateen service do affect every group and Al-Anon as a whole.

The Board of Trustees, under Concept Seven and Warranty Four, is entrusted with the authority and responsibility to protect the Al-Anon and Alateen names and the organizational identity.

Now, therefore, the Board of Trustees resolves:

1. As soon as possible, but in any event, no later than December 31, 2004, if an area within the World Service Conference Structure uses the Al-Anon or Alateen name in conjunction with any meeting(s), group(s), convention(s), or any other gathering(s) in the area where Alateen participation is offered, the area must have safety and behavioral requirements for all Alateen members and Al-Anon members involved in Alateen service. These safety and behavioral requirements must meet the minimum requirements of Al-Anon Family Group Headquarters, Inc.
2. Al-Anon members involved in Alateen service and all Alateen members must adhere to the area's safety and behavioral requirements, or the area will notify the WSO that those members are prohibited from participating in Alateen service.
3. As soon as possible, but in any event no later than December 31, 2004, and for each succeeding year, each area must have a process to certify, and must so certify to the WSO annually, that each Al-Anon member involved with Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.

## **2003 Board of Trustees Motion continued**

4. The World Service Office will register only those Alateen groups whose registration it receives through the area's registration process. The WSO will remove from its registration list any Alateen group that the area determines does not comply with area safety and behavioral requirements. The area's request for removal of an Alateen group must be stated in writing to the Associate Director/Alateen. This applies to all Alateen groups, whether currently registered or not.
5. If the area states in writing to the Associate Director/Alateen that a group, meeting, convention, or gathering is failing to meet the area's safety and behavioral requirements, prior registration or interaction with the World Service Office shall not constitute any continuing right to use the Al-Anon or Alateen name.

### **Minimum Safety and Behavioral Requirements**

1. Every Al-Anon member involved with Alateen service must:
  - a. be an Al-Anon member regularly attending Al-Anon meetings.
  - 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. not have been convicted of a felony, and not have been charged with child abuse or any other inappropriate sexual behavior, and not have demonstrated emotional problems which could result in harm to Alateen members.
2. There must be at least one Alateen sponsor at every Alateen meeting.
3. The area requirements must prohibit overt or covert sexual interaction between any adult and Alateen member.
4. The area requirements must prohibit conduct contrary to applicable laws.
5. The area requirements must contain procedures for parental permission and medical care when applicable.
6. The area requirements must be reviewed by local counsel.

Other points for the areas to think about in developing their requirements:

- Requiring two Alateen sponsors at every Alateen meeting.
- Having background checks.
- Considering behavior before, during, and after any Alateen meeting or activity of Alateens and adults involved with Alateen service.
- Connecting Alateen conferences to the area structure.
- Forming an Alateen meeting that meets at the same time and place as the Al-Anon meeting.
- Being gender conscious.
- Avoiding one-on-one interactions.
- Having an appropriate ratio of adults to Alateens at all times.
- Transporting Alateens to and from events.
- Educational training and awareness programs.



**State of New Hampshire**  
**AREA 35 AL-ANON MEMBERS**  
**INVOLVED IN ALATEEN SERVICE**  
**(AMIAS) REQUIREMENTS**

**APPENDIX**

**Cover** **A**

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**AMIAS Forms:**

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Form #2 Information Verification Form **D**

Form #3 NH Area 35 AMIAS Application Form **E**

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**Teen Forms:**

Form #7 NH-Area 35 Parental Permission and Authorization to Obtain Medical Care Form **I**

Form #8 G-34 Information and Permission Form (WSO) **J-K**



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

## CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

### SECTION I (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SEX \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE OF RECORD: Housing Employment Annulment/Expungement

Other \_\_\_\_\_

My signature below certifies I am the individual listed above and the information provided is true.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 541:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(AFFIX Seal)

(Comm. Exp.)

### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

☐ To prevent a delay in processing, I have enclosed a self-addressed envelope. ☐ Prepaid Acc't Number \_\_\_\_\_

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.





Sponsor Applicant _____	
Street Address _____	
City _____	State _____ Zip _____
Telephone _____	Length of residence _____
Previous Address _____	
City _____	State _____ Zip _____ Length of residence _____
Home Group _____	(years attended) _____
Location _____	Group number _____
Past Home Group(s) _____	(years attended) _____
Location _____	Group number _____

1. I am at least 23 years old.
2. I have been attending at least one Al-Anon meeting weekly for a minimum of two years (in addition to any time I may have had in Alateen)
3. I certify that I have never been charged with child abuse, reckless endangerment or convicted of a felony or any offense involving sexual/physical violence against children or adults.
4. In the event I am selected as an AMIAS, I agree to abide by all requirements of NH Area 35.
5. I understand that any information obtained will be securely stored and protected by the private investigator firm and that the NH Area 35 Area Chairperson, Alateen Coordinator and AAPP will be informed of satisfactory/unsatisfactory background check results.
6. I understand that as an AMIAS, my primary goal is to help the Alateen members focus on the Al-Anon/Alateen program. I will discontinue serving as an AMIAS if there are accusations, controversy or threats of physical harm. Even if I feel totally blameless, I understand my removal as an AMIAS will protect the Alateen members and preserve the unity of the fellowship according to Tradition 1. I understand that stepping away as an AMIAS is not an admission of wrongdoing of any kind.

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

Witness From  
Home Group \_\_\_\_\_ Date \_\_\_\_\_

# Al-Anon Member Involved In Alateen Service

*It is required that this form be completed by **all** Al-Anon members involved in service to Alateen.  
(Please Print)*

First & Last Name:

Street Address:

City, State/Province:

Zip/Postal Code

Phone:

e-mail:

District

***I am in compliance with my area's safety and behavioral requirements and agree to abide by them.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.***

\_\_\_\_\_  
Authorized Area Signature

\_\_\_\_\_  
Area #

\_\_\_\_\_  
Date

Please Print Name Below:

***Each area must certify to the WSO annually that each Al-Anon member involved in Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.***

WSO Assigned ID Number:

For Area Use:



**ALATEEN REGISTRATION/GROUP RECORDS CHANGE FORM**

Alateen Registration/Change forms are submitted to the WSO through your area process. Please check with your Delegate, District Representative or Area Alateen Coordinator for information on where to send this form.

(1) WSO I.D. Number       District Number   Area Number

(2) Registration ☐ New ☐ Current ☐ Not Sure If Registered ☐ Disbanded

(3) Group type is: ☐ Closed ☐ Institution ☐ Limited Access

(4) Changes: ☐ Current Mailing ☐ Group Name ☐ Mtg Place ☐ Mtg Time ☐ Sponsor  
(Check all that apply) Address (CMA) ☐ Mtg Day ☐ GR ☐ Contact

(5) Special Notes:

☐ Language Spoken

☐ Mailing Language

☐ Special instructions, i.e. use back door, etc. \_\_\_\_\_

(6) Current Mailing Address: (All WSO group mail is sent to this address, to be taken to the group.)

Name

Street/PO Box

City

Zip/Postal Code

Phone Number   -   -   E-Mail

State/Province

Country

(7) Group Name

(8) Meeting Place

(9) Meeting Address

City

Zip/Postal Code

(10) Alateen Age Range  -  (11) Day: Su Mo Tu We Th Fr Sa Time:  :  AM PM

(12) No. of Members

(13) Contact (if other than Sponsor). Contacts are Sponsors or other Al-Anon members involved in service.

First Name

Phone #   -   -

(14) **GROUP SPONSORS MUST COMPLETE THE AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE FORM**  
**THE WSO ID # WILL BE ASSIGNED**

Name (First)

WSO ID #

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Name (Last)

Phone #   -   -

Name (First)

WSO ID #

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Name (Last)

Phone #   -   -

**For Area Use:**

(15) Alateen Group Rep

Address

City

Zip/Postal Code

Phone Number   -   -   E-Mail

NH Area 35 AMIAS  
Recertification Form

Sponsor	_____	WSO ID	_____
Street Address	_____		
City	_____	State	_____ Zip _____
Telephone	_____	Circle One:	Home      Cell
Email	_____		
Alateen Group	_____	WSO Group #	_____
Al-Anon Home Group	_____	WSO Group #	_____
Location	_____		

I have met and continue to meet NH Area 35’s safety and behavioral requirements that are effective  
as of the date corresponding to my signature below

AMIAS Signature: \_\_\_\_\_ Date \_\_\_\_\_

Alateen Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Received by AAPP: \_\_\_\_\_ Date \_\_\_\_\_



**FORM # 7**

**NH AREA 35 PARENTAL PERMISSION AND AUTHORIZATION TO OBTAIN MEDICAL CARE**  
**MUST BE NOTARIZED**

I HEREBY AUTHORIZE (Sponsor's or Responsible Adult's Name) \_\_\_\_\_  
to obtain any reasonable or necessary medical care for (Teen's/Attendee's name) \_\_\_\_\_ in my  
place during the conference/convention/event to be held (function date) \_\_\_\_\_

Teen's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does Attendee have, or has he/she had any of the following diseases or problems? (Please check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Hives	<input type="checkbox"/> Diabetes/Hypoglycemia
<input type="checkbox"/> Liver Trouble (Hepatitis)	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Fainting Spells or Seizures
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Stomach Ulcers
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other _____	

Is the Attendee carrying with him/her any prescriptions, pills or remedies? \_\_\_\_ If yes, please describe \_\_\_\_\_

Is the Attendee allergic to: \_\_ Bee Stings, \_\_ Food, \_\_ Pollen, \_\_ Drugs? If yes, please describe \_\_\_\_\_

Has Attendee had a reaction to any of the following? (please check applicable)

<input type="checkbox"/> Penicillin _____	<input type="checkbox"/> Sulfa Drugs _____	<input type="checkbox"/> Local Anesthetic _____
<input type="checkbox"/> Sedatives _____	<input type="checkbox"/> Aspirin _____	<input type="checkbox"/> Other: _____

Date of Attendee's last Tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does Attendee have any condition or problems not listed above that we should know about? \_\_\_\_\_  
Please describe: \_\_\_\_\_

Name of Insurance Policy Holder: \_\_\_\_\_

Policy Number and/or Group Number: \_\_\_\_\_

ID Number : \_\_\_\_\_

Insurance Company Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Parent/Guardian if Ward is not 18 years of age

State of \_\_\_\_\_

County of \_\_\_\_\_, SS

Before Me, the undersigned authority, on this day, personally appeared \_\_\_\_\_, known by me  
to be the person who signed the above Authorization, and acknowledges to me that (s)he executed the same for the  
purpose therein stated.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

**FORM A: INFORMATION AND PERMISSION FORM**

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

**THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE**

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMAIS ESCORT: Keep the original copy of this form in your possession for the duration of time the Alateen member is in your charge.

**ALATEEN MEMBER'S INFORMATION**

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**SPONSOR/ADULT ESCORT INFORMATION**

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

**EVENT INFORMATION**

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Phone Number of Location: (     ) \_\_\_\_\_

Date & Time & Place of Departure: \_\_\_\_\_

Date & Time & Place of Return: \_\_\_\_\_

Mode of Transportation : \_\_\_\_\_

(include make, model, year of vehicle & license plate number)

## FORM A: INFORMATION AND PERMISSION FORM

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

### CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Phone Number: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_  
 During this event, I can be reached at: (    ) \_\_\_\_\_

### NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

First, Last Name & Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Phone Number: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

### HOLD HARMLESS STATEMENT

As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

\_\_\_\_\_  
 (insert name and WSO registration number (if known) of group, district, Al-Anon Information Service office, and/or Area)  
 or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENTAL PERMISSION (to be signed in the presence of the Sponsor/AMIAS escort)

I, \_\_\_\_\_ hereby grant permission to \_\_\_\_\_ to travel to and  
 (Parent/Guardian Name) (Alateen member name)

from and to participate in \_\_\_\_\_ under the supervision of  
 (Event Name)

\_\_\_\_\_ on \_\_\_\_\_  
 (Sponsor/AMIAS escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_