

**AL-ANON/ALATEEN AREA 23 (MAINE)**  
**ALATEEN GROUP SPONSOR APPLICATION**  
**(This form must be notarized)**

Sponsor Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Length of residence \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Group \_\_\_\_\_ Years attended \_\_\_\_\_

Location \_\_\_\_\_ Group Number \_\_\_\_\_

Past Home Group(s) \_\_\_\_\_ Years attended \_\_\_\_\_

Location \_\_\_\_\_ Group Number \_\_\_\_\_

**\*\*I have attended an Alateen Sponsor Workshop: Date \_\_\_\_\_ Location \_\_\_\_\_**

1. I am at least 21 years old and have an Al-Anon Personal Sponsor and/or Al-Anon Service Sponsor.
2. I have been actively attending Al-Anon meetings for a minimum of two years in addition to any time spent in Alateen
3. I have included three written references or recommendations from Al-Anon members who vouch for me.
4. I declare that I have never been formally accused or convicted of a crime (misdemeanor or felony) and have not been charged with child abuse or any other inappropriate sexual behavior. I have not demonstrated emotional problems which could result in harm to Alateen members.
5. I have read and agree to abide by all guidelines of Al-Anon/Alateen Area 23 (Alateen Minimum Safety and Behavioral Requirements).
6. I understand that any information obtained as part of this application process will be securely stored and protected by the Alateen Area Process Person (AAPP) and that the Maine Area Coordinator and my District Representative will be informed of satisfactory or unsatisfactory results.
7. I understand that as an Alateen sponsor, my primary goal is to help the Alateen members follow the Al-Anon/Alateen program. "Whenever anything interferes with the need to protect yourself i.e., accusations, controversy, threats of personal harm, etc., discontinue serving as a Sponsor. Even if you are totally blameless, stepping aside will not only protect both the Alateen members and you, it will preserve the unity of the fellowship as well." *Alateen Safety Guidelines (G-34)*

**\*\*I am willing and give my consent YES / NO (circle one) to have my contact information shared with other AMIAS in Area #23 (First Name & Last Initial, Town of Residence, Phone # & E-mail Address)**

Applicant (Print) \_\_\_\_\_ Date \_\_\_\_\_

**To the best of my knowledge, the above Al-Anon member meets the Area Minimum Safety and Behavioral Requirements.**

Al-Anon Personal/Service Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Vote of Confidence from the majority of voting members of applicant's Al-Anon Home Group:

Al-Anon Group Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Maine  
County of \_\_\_\_\_

I \_\_\_\_\_, do affirm, under penalty of perjury, that the above information is true to the best of my personal knowledge, information and belief.

\_\_\_\_\_  
Signature of person making affidavit

Sworn to and subscribed before me this \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

SEAL

Notary Public, State of Maine  
My commission expires: \_\_\_\_\_