

**APPLICATION FOR AL-ANON MEMBERS INVOLVED IN ALATEEN SERVICE  
EAST TEXAS AL-ANON/ALATEEN, AREA 53, DISTRICT NUMBER \_\_\_\_\_**

Revised May 2010

**DISTRICT INFORMATION AND ACKNOWLEDGMENT FORM (form 5)**

*Only for Al-Anon members serving as an Alateen group sponsor or substitute sponsor.*

(Please print)

This applicant, \_\_\_\_\_, has attended in the last twelve (12) months

**(June 15th to June 15th):**

# \_\_\_\_\_ district meetings \_\_\_\_\_ date of attendance

# \_\_\_\_\_ district Alateen sponsor's meetings \_\_\_\_\_ date of attendance

# \_\_\_\_\_ Alateen sponsor training \_\_\_\_\_ date of attendance

**Certification period defined: June 15<sup>th</sup> to June 15<sup>th</sup>.**

**Initial certification/recertification will require Alateen sponsor training for two consecutive years.**

**Thereafter the training sessions will be required every three years if that certification does not lapse.**

**Training Session defined: no less than a six (6) hour training facilitated by a trainer or attendance at P.O.S.S.E. for the weekend.**

**Please give the date \_\_\_\_\_ location \_\_\_\_\_ and trainer's name \_\_\_\_\_ of your last Alateen sponsor's training.**

This applicant seems aware of the 12 Steps, 12 Traditions and 12 Concepts of Service and has expressed a willingness to be considered for serving Al-Anon and Alateen as an Al-Anon Member Involved in Alateen Service.

\*District Representative's information:

\_\_\_\_\_  
(Last Name) (First Name) (M.I.)

\_\_\_\_\_  
(Street Address) (City) (ZIP)

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
(Day Phone) (Evening Phone)

\_\_\_\_\_  
(District Representative's Signature) (Date)

\*If you are the District Representative ask the alternate DR to sign your form.