

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

November 2004 Editorial changes April 2006

PERSONAL INFORMATION FORM (form 2)

(Please print)

Applicant: _____

(Last Name)

(First Name)

(M.I.)

(Street Address)

(City)

(State)

(ZIP)

(_____) _____

(_____) _____

(Day Phone)

(Evening Phone)

(Previous addresses and dates of use)

(Maiden name or other names used)

Social Security No. _____ Birth Date: _____ Sex: _____ Driver's License Number: _____

Note: Social Security Number, Driver's License Number, birth date, and sex information are necessary for an accurate Criminal Background check. Incomplete information may result in the wrong information being pulled up under your name.

How long have you lived in Texas? _____ Number of years in regular attendance of Al-Anon: _____

Have you ever been convicted of a felony? _____

Have you ever been charged for sexual abuse or assault of a minor? _____

Have you ever been diagnosed or treated for an emotional or mental condition? _____ If so, specify: _____

If you have applied for a child care permit, have you ever been denied a permit to care for children? _____

If you have had a child care permit, have you ever had a child care permit revoked or suspended? _____

Has a court ever required monitoring or other oversight as a condition of your child visitation rights? _____

Do you plan to use your own vehicle for Alateen activities? _____ Do you maintain vehicle insurance? _____

Automobile Insurance Carrier: _____

List your most recent experience working with children:

Organization's name: _____ Address: _____

Volunteer or Employee? _____ Position: _____ Dates of service: _____

Supervisor's Name: _____ Phone: (_____) _____

Previous Alateen Sponsoring experience? _____ When: _____ Where: _____

(Applicant's Signature)

(Date)

State of Texas)

)

County of _____), _____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

(SEAL)

Notary Public's Signature