

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.

\_\_\_\_\_  
Notary Public's Signature

(SEAL)