

Missouri AFG Alateen LAP (Loving Adult Presence) Candidate

Full Name: _____
Home Phone: _____ Business Phone (optional) _____
Cell Phone _____ Email Address _____

Address/City/State/Zip: _____

Home Group _____

Home group's WSO # _____ Home Group District _____

An AA member who is not an Al-Anon member may not serve as a LAP.

1. I am at least 21 years old. _____ (Initial)
2. I have been active in my Al-Anon program for at least 2 years. _____ (Initial)
3. I attend at least 3 Al-Anon meetings per month. _____ (Initial)
4. I am new to this Al-Anon District and have attended a home Al-Anon meeting locally for at least 3 months, prior to volunteering as a LAP. Before coming to this location I attended:
Group Name: _____ Area # _____ District # _____ (Initial) _____
5. I agree not to have overt or covert sexual interaction (whether consensual or not) with any Alateen member, including but not limited to: (Initial each)
 - i. Touching a teen inappropriately _____
 - ii. Dating a teen who is an Alateen member _____
 - iii. Holding or Hugging in an inappropriate manner. _____
6. I have not been convicted of a felony. _____ (Initial)
7. I have not been charged with child abuse, including any inappropriate sexual behavior _____ (Initial)
8. I have not demonstrated emotional problems that **could RESULT in HARM to** Alateen members. If such issues do arise, I will step away from my position until my issues are resolved _____ (Initial)
9. I agree to conduct myself in a manner that complies with all applicable laws. _____ (Initial)
10. I agree to have Automobile Insurance Coverage applicable with Missouri State Laws when transporting teens _____ (Initial)
11. I have read, understand and agree that I meet the above listed criteria, items 1 through 11. _____ (Initial)
12. I agree to step down immediately as an **LAP** should I be or become unable to meet all criteria above. _____ (Initial)

As a condition of serving as an LAP, I agree to hold harmless from liability, all Alateen Groups, Missouri AFG, Inc., AFG Headquarters, Inc., District Officers, Area Officers, employees and volunteers of this organization.

Signed and Dated _____

Print Name _____

Please return this form to the Alateen Sponsor Coordinator
If you are a **LAP candidate** this form is to be turned in prior to your attendance at the first Alateen meeting you wish to help. If you are a LAP, deadline for all paperwork to be sent in is no later than the Spring Super Sunday. This information is confidential and will be used and distributed only in accordance with applicable law. It will be retained by the Alateen Sponsor Coordinator and must be updated and re-submitted annually.