ALATEEN AMIAS
CERTIFICATION
Nevada Area Process

For New Group Sponsors and other Al-Anon Members Involved in Alateen Service (AMIAS)

Contact your District Representative, Alateen Liaison for District or AIS, or Area Alateen Process Person (AAPP)
CERTIFICATION STEPS FOR AMIAS
(Al-Anon Members Involved in Alateen Service)

1. Contact your District Representative (DR), Alateen Liaison for District or AIS, Area Alateen Process Person (AAPP), or go online to the NV Area Al-Anon members' site at https://www.nevadaalanon.org to obtain this document. Follow the steps described here. Contact the AAPP with any questions or issues.

2. If you meet the requirements contained in the NV Area Minimum Safety and Behavioral Requirements for Alateen Group Sponsors and Al-Anon Members Involved in Alateen Service (AMIAS), included on page 5 and are prepared to abide by the NV Area requirements, proceed to step 3, obtaining fingerprints for an Identity History Summary Check (background check).

3. You can get an Identity History Summary Check from the FBI one of three ways:

   a. Digital Request to FBI (This process takes 3-5 days)
      Please go to https://www.fbi.gov/services/cjis/identity-history-summary-checks

   b. Mail Request to FBI (This process takes 3 -4 months)

      i. Get fingerprinted for approximately $10. You can do this at your local, county (sheriff), or state Law Enforcement Agency in the county where you wish to sponsor. There are also stores where this may be done. Obtain a set of fingerprints on a standard fingerprint form (FD-258). The form includes "rolled impressions of all ten fingerprints." The card must contain your name, date and place of birth.

      ii. Complete the FBI Applicant Information Form included at end of packet or on FBI site. This link will provide you with additional information about the background check as well as the form.

         https://www.fbi.gov/services/cjis/identity-history-summary-checks

      iii. Note that this form must be filled out completely and signed. Please note the Mail Results To Address is your address, not the AAPP. Obtain a certified check or money order for $18 US dollars, payable to Treasury of the United States, and mail it with the fingerprint card and the completed Applicant Information Form to the FBI at the address below.

      There is an option to pay by credit card, but if so you must include a credit card payment form available on the FBI website. Personal or business checks are not an acceptable form of payment.

      iv. SEND your documents and check to:

          FBI CJIS Division - Record Request
          1000 Custer Hollow Road
          Clarksburg, West Virginia 26306

      Please note: if any of the above items are missing or incomplete, the request will be returned.

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Updated January 2019 by NV Area Alateen Coordinator/AAPP
c. FBI-approved Channelers (This process takes about 1 week & $50 - $60)

i. Get fingerprinted. You can do this at your local, county (Sheriff), or State Law Enforcement Agency in the county where you wish to sponsor. There are also stores where this may be done. Obtain a set of fingerprints on a standard fingerprint form (FD-258). The form includes "rolled impressions of all ten fingerprints." The card must contain your name, date and place of birth.

ii. Mail the fingerprint form to an Approved FBI Channeler, for example, National Background Check, Inc. See page 6 - 7 for FBI list, or go to FBI website for most current information. We are not endorsing that particular company, however, they have many locations throughout Nevada.

iii. You will find the appropriate forms to mail along with your fingerprint form, on the company's website. You must also mail a cashier's check or money order, or use a credit card with authorization form, in the amount requested. Every company has a customer service line to help you. The mailing address will vary with company and is not the same as the FBI address.

Note that you will be reimbursed by either Southern NV AIS in Southern Nevada, or by your District in Northern Nevada, depending on where you will serve. You must submit receipts in order to be reimbursed.

The U.S. Dept. Of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own Record for Review. An individual may request a copy for that purpose, i.e., Alateen service.

4. What you will receive: either A) "No Record" or B) FBI Identification Record

NOTE: Due to concerns related to the protection of personally identifiable information, fingerprint cards are no longer being returned in either case. Any questions regarding this matter should be directed to the CJIS Customer Service Group at (304) 625-5590.

5. Once you receive the results of your background check from the FBI, fill out the Al-Anon Member Involved in Alateen Service form included on page 8. Be sure to sign it. Send it (along with your FBI clearance document) to the AAPP who will sign the form and input your information to WSO online.

6. The WSO, after receiving your online completed AMIAS form, will review and then assign you an Alateen Sponsor ID number. Once the AAPP receives that information from WSO, you are certified. Keep a record of your Sponsor ID, and make sure the AAPP and DR have the correct number for reference and annual certification.
7. Our Area must annually certify to WSO that you, as a sponsor, continue to meet the Area's safety and behavioral requirements and agree to abide by them. You need only do a one-time background check for the initial certification. The recertification means that every spring, you will be contacted by the AAPP to determine your status – still active or out of service (for any reason). WSO will be updated annually about the Sponsor status. The updated status is due to WSO by July 1.

Once you begin your journey of sponsorship, a number of other important forms and documents are available for your use with Alateen.

1. On WSO site www.al-anon.org
   Click Member's Site, click Guidelines
   Login with password of homegroup AFG (your home group)
   a. Alateen Safety Guidelines (G-34) – Discusses safety guidelines and includes Information and Permission forms and Medical forms for transporting teens to Assembly, Conference or program events.
   b. Starting an Alateen Group (G-19)
   c. Alateen Meetings in Schools (G-5)
   d. Alateen Conferences (G-16)

   Click on Alateen
   e. Alateen Service e-Manual
   f. Many other useful pages

2. Service Manual starting page 87 has information about Alateen

3. NV Area Handbook (on Nevada website) Guideline #8 has NV Area Safety Guidelines for Alateens and Sponsors (part 1 and 2)

4. Training will be available. It can be done individually, or through a District. Contact Alateen Coordinator for information.
NEVADA AREA GUIDELINE
#8     Part 2

ALATEEN

MINIMUM SAFETY/BEHAVIOR REQUIREMENTS
FOR ALATEEN GROUP SPONSORS
AND AL-ANON MEMBERS INVOLVED IN ALATEEN SERVICE

1. Every Al-Anon member involved in Alateen service (any Al-Anon member who has direct contact and responsibility for Alateens while being of service to Alateen), must:
   a. Be an Al-Anon member regularly attending an Al-Anon meeting.
   b. Be at least 21 years old.
   c. Have at least two years in Al-Anon in addition to any time spent in Alateen.
   d. Not have been convicted of a felony, and not have been charged with child abuse or any other inappropriate sexual behavior, and not have demonstrated emotional problems, which could result in harm to Alateen members.

2. Dual members who meet their Area’s certification requirements may sponsor Alateen meetings by virtue of their Al-Anon membership. Anonymity regarding other programs is maintained in the Alateen meeting, just as it would be in any Al-Anon meeting.

3. Any overt or covert sexual interaction between any adult and an Alateen member is prohibited.

4. There will be no conduct contrary to applicable state laws.

5. Parental permission and medical care consents are a requirement for any Alateen participant attending an Alateen outside event, including transportation to and from the event.

6. Each Al-Anon member involved with Alateen service must have a background check as recommended by local counsel.

7. Al-Anon members involved in Alateen service and all Alateen members must adhere to the Area’s Safety and Behavioral Requirements.

8. Each Alateen meeting and sponsors will be reviewed annually to see if the meeting is in compliance with the Area’s Alateen Guidelines. WSO suggests that any District having Alateen meetings also provide an Alateen Liaison to the District. The responsibilities of the Alateen Liaison would include:
   a. Obtain Group Registration and Sponsor Forms. Forward them to the Area Alateen Coordinator and/or Alateen Process Person.
   b. Annually visit each Alateen meeting in the District.

NOTE: It is suggested that one-on-one interaction between an Al-Anon member involved in Alateen service and an Alateen member is avoided. Additional suggestions regarding Alateen Service and safety are also found in Al-Anon/Alateen literature. All sponsors are encouraged to be familiar with and refer to our literature and to the local Alateen Coordinators, Liaisons, and Chairs when questions arise.
List of FBI-Approved Channelers for Departmental Order Submissions

FBI-approved Channelers receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the CJIS Division for a national Identity History Summary check, and receive the electronic summary check result for dissemination to the individual. An FBI-approved Channeler simply helps expedite the delivery of Identity History Summary information on behalf of the FBI.

3M Cogent Systems
www.cogentid.com
(626) 325-9600

Accurate Biometrics
www.accuratebiometrics.com
(773) 685-5699

Biometrics4All, Inc.
www.applicantservices.com
(714) 568-9888

Daon Trusted Identity Services, Inc.
www.daontis.com/fi/index.html
(703) 797-2562

Fieldprint, Inc.
www.fieldprintfbi.com
(877) 614-4364

Inquiries, Inc.
www.inquiriesinc.com
(866) 987-3767

MorphoTrust
www.IdentoGO.com/FBIcheck
(877) 783-4187

National Background Check, Inc.
www.nationalbackgroundcheck.com
(877) 932-2435

National Credit Reporting
www.myFBIreport.com
(800) 441-1661

SureID, Inc.
www.sureid.com
(855) 531-5827

Updated March 2017 by NV Area Alateen Coordinator and Area Alateen Process Person (AAPP) sba
PRIVACY ACT STATEMENT

The FBI’s acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 U.S.C. 534 and 28 CPR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 5 minutes to complete.

**Applicant Information ** *Denotes Required Fields*

*Last Name ___________________________*First Name ___________________________
Middle Name 1 ___________________________ Middle Name 2 ___________________________

*Date of Birth: ___________________________*Place of Birth: ___________________________
U.S. Citizen or Legal Permanent Resident: Yes ☐ No ☐

*Country of Citizenship: ___________________________ Country of Residence: ___________________________
Prisoner Number (if applicable): ___________________________

*Last Four Digits of Social Security Number: ___________________________

*Height: ___________________________ *Weight: ___________________________

*Hair (please check appropriate box):
☐ Bald ☐ Black ☐ Blonde/Strawberry ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Orange ☐ Pink
☐ Purple ☐ Red/Auburn ☐ Sandy ☐ Unknown ☐ White

*Eyes (please check appropriate box):
☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Multicolored ☐ Pink ☐ Unknown

**Applicant Home Address**

*Address ___________________________

*City ___________________________ *State ___________________________
*Postal (Zip) Code ___________________________ E-Mail ___________________________

**Mail Results to Address**

C/O ___________________________ ATTN ___________________________
Address ___________________________

City ___________________________ State ___________________________
Postal (Zip) Code ___________________________ Country ___________________________

Phone Number (if different from above) ___________________________

**Payment Enclosed: (please check appropriate box)**

☐ CERTIFIED CHECK ☐ MONEY ORDER ☐ CREDIT CARD FORM

**Reason for Request:**

☐ Personal review ☐ Challenge information on your record ☐ Adoption of a child in the U.S.
☐ International adoption ☐ Live, work, or travel in a foreign country ☐ Other

*APPLICANT SIGNATURE ___________________________ DATE ___________________________

Mail the signed applicant information form, fingerprint card, and payment of $18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

*You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.*
Al-Anon Member Involved In Alateen Service

It is required that this form be completed by all Al-Anon members involved in service to Alateen.

(Please Print)
First & Last Name:
Street Address:
City, State/Province:
Zip/Postal Code:
Phone:
e-mail:
District:

I am in compliance with my area's safety and behavioral requirements and agree to abide by them.

__________________________________________  ____________
Signature                                               Date

To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.

__________________________________________  ____________
Authorized Area Signature                             Area #                  Date
Please Print Name Below:

Each area must certify to the WSO annually that each Al-Anon member involved in Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.

__________________________________________
WSO Assigned ID Number:

For Area Use: