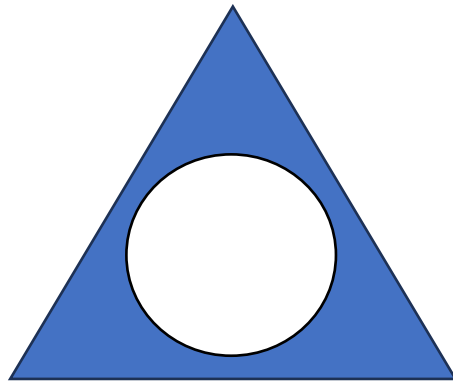


Al-Anon Family Groups-Tennessee Area 52

Alateen Safety and Behavioral Requirements



## TENNESSEE, AREA 52 ALATEEN SAFETY AND BEHAVIORAL REQUIREMENTS

These requirements are to be used in conjunction with the *Alateen Safety Guidelines* (G34) and the Alateen guidelines contained in the current Al-Anon/Alateen Service Manual.

Tennessee Area 52 and districts within Tennessee Area 52 will only recognize an Alateen Group Sponsor and/or AMIAS who has met these minimum requirements. An Alateen group will not be listed at the WSO or on District or Area meeting lists without its Alateen Group Sponsors/AMIAS obtaining Area approval. **Requirements D through G are for Alateen members as well as AMIAS.**

- A. Every AMIAS must:
- 1) Be an Al-Anon member currently attending at least one Al-Anon meeting weekly and have a personal sponsor.
  - 2) Be at least 21 years old.
  - 3) Have at least two consecutive years of active attendance in Al-Anon excluding any time spent in Alateen in Tennessee Area 52. If a prospective AMIAS has been an AMIAS in another Area, and the WSO confirms this, and references have checked out, this may be waived.
  - 4) Have not been convicted of a felony and has not been charged with child abuse or any other inappropriate sexual behavior and has not demonstrated emotional problems which could result in harm to Alateen members.
  - 5) Complete the *Tennessee Request for Alateen Service* form along with the *Al-Anon Member Involved in Alateen Service* form provided by WSO, pass a background check performed by a company licensed to do background checks in the State of Tennessee.
  - 6) Participate in one Alateen Group Sponsor/AMIAS information workshop each year. The Area Alateen Coordinator will provide or make arrangements for an information workshop, including, but not limited to, WSO Alateen training modules, WSO Alateen Guidelines, and Tennessee child abuse laws.
  - 7) Submit a request each year for a background check using the *Tennessee Request for Alateen Service* form to the TAAPP.
  - 8) Participate in the annual recertification process for AMIAS in Tennessee Area 52.
  - 9) Familiarize self with and abides by the state and local laws regarding child abuse.
  - 10) Attend Alateen meetings as scheduled or arrange for a certified substitute.
  - 11) Provide a safe meeting place.
  - 12) Encourage the participation of Alateen members in District and Area Al-Anon functions.
  - 13) Respect and protect the Alateen members' anonymity.
  - 14) Agrees to step down if asked for any reason regarding the safety of the Alateen members or AMIAS serving as group sponsor, or other AMIAS. The safety of Alateens is paramount and stepping down is not considered an admission of any wrongdoing.
- B. In order for an Alateen meeting to begin in any district, there must be a registered Al-Anon group which is willing to support the Alateen group. Exceptions to this would include in-school or institutional meetings.
- C. The Tennessee Area supports the TN Alateen Chatters meeting in the Alateen Family Groups Mobile App which is administered by the WSO. It is the responsibility of the TAAC to ensure the AMIAS supporting the meeting are trained in the functionality of the virtual platform. AMIAS participating in this meeting abide by Area 52.
- D. There must be at least two certified Alateen Group Sponsors and/or AMIAS at every Alateen meeting. When there are not two certified Alateen Group Sponsors and/or AMIAS, Alateens are encouraged to attend the Al-Anon meeting.

- E. Overt or covert sexual interaction between any adult and Alateen member or between Alateen members is strictly prohibited before, during, or after any Alateen activity.
- F. Conduct contrary to applicable laws is prohibited.
- G. All Alateens attending Assemblies or workshops must have a signed *Alateen Parental Information and Permission form* and a *Alateen Medical Form* when applicable.

#### PARENTAL PERMISSION AND MEDICAL CARE WHEN APPLICABLE

The *Alateen Parental Information and Permission form* must be signed by a parent/guardian whenever any Alateen member is transported to/from any Alateen meeting or function. A copy of the consent form must be kept in the possession of the person who is providing the transportation or acting as chaperone.

#### ALATEEN PARTICIPATION IN AREA EVENTS

(Service Manual/Digest of Al-Anon and Alateen Policies/Events with Alateen Participation)

In order to use the Alateen name, any event or gathering with Alateen participation in Tennessee, Area 52 must be in compliance with the ASBR. These gatherings could include Alateen conferences, Al-Anon/Alateen conventions, Area Assemblies, multi-Area events, and A.A. events with Al-Anon and Alateen participation. Maintaining the identity and integrity of the Alateen program as a resource for young people affected by someone else's alcoholism is essential.

Al-Anon service arms or conferences/conventions may have fundraising events to provide full or partial scholarships for Alateens or AMIAS who may not otherwise be able to attend. In keeping with the Seventh Tradition, any contributions of financial support are solicited only from within Al-Anon/Alateen. (See "*Financial Matters: Contributions of Money, Goods, and Services: Fundraising*" in the *Digest of Al-Anon and Alateen Policies* section of the current Al-Anon/Alateen Service Manual, and the following guidelines: *Alateen Conferences (G-16)*, *Al-Anon/Alateen Area Conventions (G-20)*, and *Al-Anon/Alateen Participation in an A.A. Convention (G-7)*).

#### DEFINITION OF AN AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS)

An AMIAS is an Al-Anon member who is directly responsible for Alateens while being of service to Alateen. This includes, but is not limited to: Alateen group sponsors, chaperones for Alateens, drivers transporting Alateens, and substitute Alateen Group Sponsors. AMIAS will be certified annually through Tennessee Area 52 and information entered into the WSO database.

#### PROCESS TO BECOME CERTIFIED AS AN ALATEEN GROUP SPONSOR AND/OR AN AMIAS

An Alateen Group Sponsor and/or an AMIAS must:

- 1) Contact the GR, DR, District Alateen Coordinator, TAAC or the TAAPP to express interest in working with Alateens.
- 2) Meet and agree to *Tennessee, Area 52 Requirements for Al-Anon Members Involved in Alateen Service*.
- 3) Complete the background check authorization form, *Tennessee Al-Anon Member Involved in Alateen Service*, and the WSO AMIAS form, *Al-Anon Member Involved in Alateen Service*, including all necessary signatures and payment for the background check.
- 4) Complete the required AMIAS training/workshop
- 5) The TAAPP will coordinate the background check process with the AMIAS and the company licensed to do background checks in the State of Tennessee, and contact the Al-Anon references. Once the results of the background check are returned to the TAAPP, and the

applicant passes the background check, the AMIAS form will be signed by the TAAPP and transmitted to the WSO for registration.

- 6) Once the results of the background check are returned to the TAAPP and the applicant passes the background check, the AMIAS form will be signed by the TAAPP and transmitted to the WSO for registration.
- 7) The WSO processes the form and issues an I.D. number if the member has no current I.D. number on file.
- 8) Annually, the TAAPP will distribute recertification forms to each Alateen Group Sponsor/AMIAS. These must be completed, signed and returned to the TAAPP for annual recertification. An annual background check and training/workshop must be completed by each AMIAS desiring to recertify. The TAAPP will update the WSO database with any changes. This will be done by the annual recertifying date set by the WSO.

#### RESPONSIBILITIES OF AN ALATEEN GROUP SPONSOR OR AMIAS

- 1) Meet Tennessee Area 52 Requirements for AMIAS. Complete the background check and application process for becoming a certified Alateen Group Sponsor/AMIAS.
- 2) Have a working knowledge of the Twelve Steps, Twelve Traditions and Twelve Concepts.
- 3) Attend scheduled Alateen meetings or arrange for an AMIAS to substitute.
- 4) Be familiar with Conference Approved Alateen literature for use at meetings to keep the Alateen focus.
- 5) Read the current Al-Anon/Alateen Service Manual (which is available online at Al-Anon.org) and become familiar with the Alateen information contained in it.
- 6) Guide Alateens toward working the Twelve Steps for personal their recovery.
- 7) Uphold the established behavior requirements as set by the Alateens for their meeting.
- 8) Respect and protect the Alateens' anonymity.
- 9) Report child abuse in accordance with Tennessee state law.
- 10) Provide a safe meeting place.
- 11) Participate in AMIAS online information workshop.
- 12) Keep group information up to date, notifying District and Area of any changes in sponsors, meeting time, date or location.
- 13) Help Alateens take responsibility for their group.
- 14) Encourage the participation of Alateens at District meetings and Al-Anon functions.
- 15) Get signed *Alateen Parental Information and Permission* form and *Alateen Medical* form necessary if transporting Alateen members, or if Alateens will be attending an out-of-town event.
- 16) Parents are advised not to sponsor/co-sponsor an Alateen group that their child attends.
- 17) AMIAS are not personal Alateen sponsors. Alateen members sponsor each other.

#### REMOVAL OF ALATEEN GROUP SPONSOR/AMIAS

An Alateen group may request removal/change in group sponsorship by group conscience vote. After a vote is taken, the supporting Al-Anon group's GR takes the request to the Al-Anon group for resolution.

When a problem with a group and/or sponsor arises that cannot be resolved at the group level, Alateens or Al-Anon members may go to the TAAC, District Alateen Coordinator, or DR to assist in resolution of the problem.

The TAAC, as required, shall form a committee to review any alleged violations of these requirements, except for Tennessee child abuse laws which will be reported to and handled by the proper authorities. The committee shall include the TAAC, the TAAPP, the DR, the District

Alateen Coordinator and one other Alateen Group Sponsor/AMIAS. The committee will work with the host Al-Anon group to resolve any violations.

The District, after consultation with the committee, has the responsibility to remove any Al-Anon Sponsor/AMIAS who has displayed inappropriate behavior, is a threat to the unity of the group, District, or Area, or no longer meets the requirements for sponsorship.

It is suggested that the District use the spiritual principles of Al-Anon such as “principles above personalities” and avoiding gossip before voting to remove an inappropriate Alateen Group Sponsor/AMIAS. The TAAC or DR will notify the person if they are removed.

In cases where the requirements cannot be met, the TAACC will recommend to Tennessee, Area 52 that the name Alateen be removed from the group.

#### WHO MAY ATTEND ALATEEN MEETINGS

- 1) Young people whose lives have been affected by someone else’s drinking. Alateen meetings are only for families and friends of alcoholics. Any adult attending must be certified by Tennessee, Area 52, unless an Alateen group is inviting adults to a special meeting to welcome families, friends, and observers,
- 2) The group’s Alateen Group Sponsors or an AMIAS who has been certified by the Tennessee, Area 52,
- 3) Alateen Group Sponsors/AMIAS certified by Tennessee, Area 52 working with another Alateen group with permission from the group,
- 4) The TAAC/TAAPP and District Alateen Coordinator may attend any meeting, if certified,
- 5) DRs may attend meetings in their District as a guest. It is suggested that DRs become AMIAS. DRs are encouraged to visit each Alateen meeting in their District at least once during their term,
- 6) An Al-Anon member who is also a member of A.A. may attend an Alateen meeting as an Alateen Group Sponsor/AMIAS by virtue of his/her Al-Anon membership.

# ALATEEN PERMISSION FORMS

## Use of Alateen Permission Forms:

1) For Transporting Alateens to and from meetings or for day trips, use the permission form named:

**PARENT/GUARDIAN PERMISSION FORM FOR  
TN AREA 52 AL-ANON/ALATEEN (“ALATEEN”) SPONSORED EVENT**

2) For Transporting Alateens to Overnight Events:

- Form A **AND**
- Alateen Power of Attorney Form named:

**POWER OF ATTORNEY FOR CARE OF A MINOR CHILD  
TN AREA 52 AL-ANON/ALATEEN (HEREIN “ALATEEN”)**

# PARENT/GUARDIAN PERMISSION FORM FOR

## TN AREA 52 AL-ANON/ALATEEN ("ALATEEN") SPONSORED EVENT

Dear Parent or Legal Guardian:

Your child is eligible to participate in an ALATEEN sponsored activity requiring transportation to and from his or her place of residence. This activity will take place under the guidance and supervision of your child's Alateen Sponsor. A brief description of the activity follows:

**Event (Describe including Destination):**

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**Sponsor:** \_\_\_\_\_

**Dates and times:**

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**[Please fill out the following:]**

I am the parent or legal guardian of \_\_\_\_\_ and hereby request that my child be allowed to participate in the event described above.

I understand that participation in an activity could involve risk of physical injury, illness, or property loss, and that despite safety precautions neither Alateen nor the Sponsor can guarantee safety as all risks cannot be prevented. In consideration of the opportunity afforded by this event, I assume any risk that may arise from my child's transportation to, participation in, and transportation from this event, and individually and as parent/guardian of my child hereby release, discharge, agree to indemnify and hold harmless Alateen and the Sponsor from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

\_\_\_\_\_  
NAME of PARENT/GUARDIAN (please print)

\_\_\_\_\_  
SIGNATURE of PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**Mother's Cell Phone #:** \_\_\_\_\_ **Father's Cell Phone #:** \_\_\_\_\_

# FORM A: INFORMATION AND PERMISSION FORM

page 1 of 2

*Since laws vary from Area to Area, it is suggested that this for be reviewed for compliance with local laws.*

THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE.

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMIAS ESCORT: Keep the original copy of this form in your possession for the duration of the time the Alateen member is in your care.

## ALATEEN MEMBER'S INFORMATION

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## SPONSOR/ADULT ESCORT INFORMATION

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

## EVENT INFORMATION

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address of Location \_\_\_\_\_

Phone Number of Location: ( ) \_\_\_\_\_

Date & Time & Place of Departure: \_\_\_\_\_

Date & Time & Place of Return: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

(include make, model, year of vehicle, & license plate number)

**Compilation of Suggested Alateen Event Forms.**

# FORM A: INFORMATION AND PERMISSION FORM

page 2 of 2

Since laws vary from Area to Area, it is suggested that this for be reviewed for compliance with local laws.

## CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

During this event, I can be reached at: ( ) \_\_\_\_\_

## NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

## HOLD HARMLESS STATEMENT

As the parent/guardian of the aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

\_\_\_\_\_ (insert name and WSO registration number (if known) of group, District, Al-Anon Information Service office and/or Area) or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL PERMISSION (to be signed in the presence of the Sponsor/AMIAS escort)

I, \_\_\_\_\_, hereby grant permission to \_\_\_\_\_ to travel to and  
(Parent/Guardian Name) (Alateen Member Name)

From and to participate in \_\_\_\_\_ under the supervision of  
(Event Name)

\_\_\_\_\_ on \_\_\_\_\_  
(Sponsor/AMIAS Escort Name) (Dates of Event including Travel Time)

**Compilation of Suggested Alateen Event Forms.**

**POWER OF ATTORNEY FOR CARE OF A MINOR CHILD**

**TN AREA 52 AL-ANON/ALATEEN (HEREIN "ALATEEN")**

Use of this form is authorized by T.C.A. § 34-6-301 et seq. Completion of this form, along with the proper signatures, is sufficient to authorize medical treatment. *Please print clearly.*

**Part I:** To be filled out and/or initialed by parent(s)/legal guardian(s).

1. Minor Child's Name
2. Mother/Legal Guardian's Name & Address
3. Father/Legal Guardian's Name & Address
4. Caregiver's Name & Address

(Alateen Sponsor)

5.  Both parents are living, have legal custody of the minor child and have signed this document;

**OR**

One parent is deceased;

**OR**

One parent has legal custody of the minor child and both parents have signed this document and consent to the appointment of the caregiver;

**OR**

One parent has legal custody of the minor child, and has sent by Certified Mail, Return Receipt requested, to the other parent at last known address, a copy of this document and a notice of the provisions in § 34-6-305; or the non-custodial parent has not consented to the appointment and consent cannot be obtained because

6. Temporary care-giving authority regarding the minor child is being given to the caregiver because of the absence of the minor child from the control of his parent(s) at the following Alateen event:

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(Describe Event)

7. (\_\_\_\_) I/We the undersigned, authorize the named caregiver to do one or more of the following:

(\_\_\_\_) enroll the child in an Alateen event,

(\_\_\_\_) obtain medical, dental, and mental health treatment for the child, and

(\_\_\_\_) provide for the child's food, lodging, housing, recreation and travel in connection with the Alateen event.

8. (\_\_\_\_) I/We understand that this document does not provide legal custody to the caregiver. If at any time I/we disagree with a decision of the named caregiver or choose to make any healthcare or educational decisions for my/our child, I/we must revoke the power of attorney, in writing, and provide written documentation to the health care provider.

9. (\_\_\_\_) I/We understand that this document may be terminated in another written document signed by either parent with legal custody or by any order of a court with competent jurisdiction.

10. **Notwithstanding the provisions of Paragraphs 8 and 9, this Power is automatically revoked upon the return of the child to the child's primary residence from the event described in Paragraph 6.**

**Part II:** To be initialed by caregiver.

10. (\_\_\_\_) I understand that this document, properly executed, gives me the right to enroll the minor child in the event described in Paragraph 6.

11. (\_\_\_\_) I understand that this document does not provide me with legal custody.

12. (\_\_\_\_) I understand that, except where limited by federal law, I shall be assigned the rights, duties, and responsibilities that would otherwise be assigned to the parent, legal guardian or legal custodian pursuant to Tennessee Code Annotated Title 49.

I/We declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

**STATE OF )**

**COUNTY OF )**

Date:

**Mother/Legal Guardian**

The Mother/Legal Guardian, \_\_\_\_\_, personally appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**NOTARY PUBLIC**

My commission expires:

**STATE OF )**

**COUNTY OF )**

Date:

**Father/Legal Guardian**

The Father/Legal Guardian, \_\_\_\_\_, personally appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**NOTARY PUBLIC**

My commission expires:

**STATE OF )**

**COUNTY OF )**

Date:

**Caregiver**

The Caregiver/ \_\_\_\_\_, personally appeared before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**NOTARY PUBLIC**

My commission expires:

\_\_\_\_\_

## ALATEEN GROUP CERTIFICATION AND AREA PROCESS

Registration process for Alateen groups in Tennessee, Area 52:

- 1) Each group must have two certified sponsors approved by the Area prior to a new meeting forming, or prior to recertification. It is recommended that Alateen meetings be held at the same time and location as Al-Anon meetings.
- 2) The Alateen Group Sponsors/AMIAS must meet the Requirements and Duties in these Guidelines and complete a satisfactory background check.
- 3) Each new Alateen group is required to register with the Area before registering with the WSO. This involves completing the *Alateen Registration/Group Records Change* form, the *WSO Al-Anon Member Involved in Alateen Service* form, the *Tennessee Area 52 Al-Anon Member Involved in Alateen Service* form and the background check application. All forms should be submitted to the TN Area Alateen Coordinator/ TAAPP. The TAAPP obtains the background checks, signs the AMIAS form, and transmits the AMIAS form and the Group Registration form to the WSO. The Group will then be registered and given a WSO group number.
- 4) Each year the Alateen Group Sponsor of record with the WSO will submit a signed WSO group update form to the TAAC/TAAPP. (The AMIAS form is only filled out and submitted to the WSO one time.)
- 5) The TAAC will verify yearly that listings from the WSO of all Alateen groups in the Area have met and continue to meet the guidelines. Those groups that do not submit the annual recertification forms by the deadline set by the WSO will not be considered to have met the guidelines, and will not be listed in District, Area or WSO listings.
- 6) Existing group sponsors who do not complete and submit the yearly forms or who do not pass the subsequent background checks, will be asked to step down. The group will need to find replacement sponsors.
- 7) The TAACC shall notify the TAAPP and TN Area 52 Group Records Coordinator and the Area Website Coordinator as to which groups have not completed the requirements. The Coordinator will notify the Area, District, and local AIS of any new or inactivated Alateen Meetings.
- 8) The Area and Districts must remove listings and references to any Alateen group within their Area or District which does not comply with the guidelines. The TAAC and DRs will be responsible for notifying said groups to cease and desist utilizing the Alateen name. Any group that is not in compliance will not continue to be listed with WSO and is considered disbanded.

Attach updated Alateen Permission Forms after TN Area 52 AMIAS Certification Forms

## AMIAS QUALIFICATION PAPERS

The Process for Requesting Certification for Alateen Service:

- 1) The Al-Anon member wishing to become involved in Alateen service should complete the *Tennessee Area Request for Al-Anon Member Involved in Alateen Service for 20\_\_*, the WSO's *Al-Anon Member Involved in Alateen Service* forms and the online *Applicant Disclosure & Release* provided by the authorized security agency.
- 2) The applicant should have their references sign the *Tennessee Area Request for Al-Anon Member Involved in Alateen Service for 20\_\_*.
- 3) All application forms are submitted to the TAAC/TAAPP for processing along with the check for the appropriate amount made out to "TNAFG".
- 4) The TAAC/TAAPP reviews these forms and processes them, sending payment to the Area Treasurer. If the applicant's background check is approved, the TAAPP signs the WSO AMIAS form and submits it to WSO. The TAAPP notifies the AMIAS of (re)certification or non-approval when process is completed. (If non-approval, the TAACC/TAAPP will refer applicant to the agency to provide the reason).
- 5) If the applicant disputes the findings of the background check, it is up to the applicant to contact the company that performed the background check.

The top portion of this form must be completed by the Al-Anon member involved in service to Alateen. PLEASE PRINT ALL THE INFORMATION. IF THE FORM IS NOT COMPLETED PROPERLY, IT WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Years in Al-Anon: \_\_\_\_\_

I regularly attend the following meeting:

Group Name: \_\_\_\_\_ Group #: \_\_\_\_\_

City & State: \_\_\_\_\_

Name of Group I will sponsor if known:

\_\_\_\_\_

Reasons why I would like to be involved in Alateen service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use the back if more space is required)

I agree to a background check as a part of my request to be involved in Alateen Service in the Tennessee Area 52. I have read and understand the Tennessee Area's Requirements for Al-Anon Members Involved in Alateen Service and agree to abide by them. I will also read the Alateen Service e-Manual for the WSO minimum requirements to be an AMIAS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To the best of our knowledge the above-named Al-Anon member meets the Tennessee Area's Requirements for Al-Anon Members Involved In Alateen Service: (group representative, DR, long time group member, sponsor, etc.).

Reference #1: \_\_\_\_\_

Email/or phone # \_\_\_\_\_

Reference #2 \_\_\_\_\_

Email/or phone # \_\_\_\_\_

Approved by Tennessee Area Alateen Process Person for submission to WSO:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev 7/22

# 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:

When requesting AMIAS certification/recertification, send these documents to the TAAPPS TO THE TAAPP

- A. WSO- AMIAS Form
- B. TN Area Request for AI-Anon Member Involved in Alateen Service Form
- C. Security Engineers (Formerly known as ICA) provides online background check form. There is no printed form. The applicant will be emailed a link for the background check.
- D. Make the check payable to Tennessee AFG
  - a) New AMIAS - \$40
  - b) Renewals - \$25
- E. Mail these forms and check to:  
TN Area 52 Area Alateen Coordinator/TN Area Alateen Processing Person

Name:

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City:

ST:

Zip:

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Contact Number:

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Area Email Address:

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**Tenn. Code Ann. § 37-1-403**

Copy Citation

Current through the 2021 Regular and First, Second, and Third Extraordinary Sessions of the 112th General Assembly.

**37-1-403.** Reporting of brutality, abuse, neglect or child sexual abuse — Notification to parents of abuse on school grounds or under school supervision — Confidentiality of records.

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(a)

**(1)** Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect.

**(2)** Any such person with knowledge of the type of harm described in this subsection (a) shall report it, by telephone or otherwise, to the:

**(A)** Judge having juvenile jurisdiction over the child;

**(B)** Department, in a manner specified by the department, either by contacting a local representative of the department or by utilizing the department's centralized intake procedure, where applicable;

**(C)** Sheriff of the county where the child resides; or

**(D)** Chief law enforcement official of the municipality where the child resides.

**(3)** If any such person knows or has reasonable cause to suspect that a child has been sexually abused, the person shall report such information in accordance with § 37-1-605, relative to the sexual abuse of children, regardless of whether such person knows or believes that the child has sustained any apparent injury as a result of such abuse.

**(b)** The report shall include, to the extent known by the reporter, the name, address, telephone number and age of the child, the name, address, and telephone number of the person responsible for the care of the child, and the facts requiring the report. The report may include any other pertinent information.

(c)

**(1)** If a law enforcement official or judge becomes aware of known or suspected child abuse, through personal knowledge, receipt of a report, or otherwise, such information shall be reported to the department immediately upon the receipt of such information, and, where appropriate, the child protective team shall be notified to investigate the report for the protection of the child in accordance with this part. Further criminal investigation by such official shall be appropriately conducted in coordination with the team or department to the maximum extent possible.

**(2)** A law enforcement official or judge who knows or becomes aware of a person who is convicted of a violation of § 55-10-401 and sentenced under § 55-10-402(b), because such person was at the time of the offense accompanied by a child under eighteen (18) years of age, shall report such information, as provided in subdivision (c)(1), and the department shall consider such information to be appropriate for investigation in the same manner as other reports of suspected child abuse or neglect.

**(3)**

**(A)** If the department receives information containing references to alleged human trafficking or child pornography which does or does not result in an investigation by the department, the department shall notify the appropriate law enforcement agency immediately upon receipt of such information.

**(B)** If the department initiates an investigation of severe child abuse, including, but not limited to, child sexual abuse, the department shall notify the appropriate local law enforcement agency immediately upon assignment of such case to a department child protective services worker.

**(C)** Both the department and law enforcement shall maintain a log of all such reports of such information received and confirmation that the information was sent to the appropriate party, pursuant to this subdivision (c)(3).

**(d)** Any person required to report or investigate cases of suspected child abuse who has reasonable cause to suspect that a child died as a result of child abuse shall report such suspicion to the appropriate medical examiner. The medical examiner shall accept the report for investigation and shall report the medical examiner's findings, in writing, to the local law enforcement agency, the appropriate district attorney general, and the department. Autopsy reports maintained by the medical examiner shall not be subject to the confidentiality requirements provided for in § 37-1-409.

**(e)** Reports involving known or suspected institutional child sexual abuse shall be made and received in the same manner as all other reports made pursuant to chapter 478 of the Public Acts of 1985, relative to the sexual abuse of children. Investigations of institutional child sexual abuse shall be conducted in accordance with § 37-1-606.

**(f)** Every physician or other person who makes a diagnosis of, or treats, or prescribes for any sexually transmitted disease set out in § 68-10-112, or venereal herpes and chlamydia, in children thirteen (13) years of age or younger, and every superintendent or manager of a clinic, dispensary or charitable or penal institution, in which there is a case of any of the diseases, as set out in this subsection (f), in children thirteen (13) years of age or younger shall report the case immediately, in writing on a form supplied by the department of health to that department. If the reported cases are confirmed and if sexual abuse is suspected, the department of health will report the case to the department of children's services. The department of children's services will be responsible for any necessary follow-up.

**(g)** Every physician or other person who makes an initial diagnosis of pregnancy to an unemancipated minor, and every superintendent or manager of a clinic, dispensary or charitable or penal institution in which there is a case of an unemancipated minor who is determined to be pregnant, shall provide to the minor's parent, if the parent is present,

and the minor consents, any readily available written information on how to report to the department of children's services an occurrence of sex abuse that may have resulted in the minor's pregnancy, unless disclosure to the parent would violate the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d et seq., or the regulations promulgated pursuant to the act.

**(1)** Failure to provide the written information shall not subject a person to the penalty provided by § 37-1-412.

**(2)** The department of children's services shall provide to the department of health the relevant written information. The department of health shall distribute copies of the written information to all licensees of the appropriate health-related boards through the boards' routinely issued newsletters. At the time of initial licensure, these boards shall also provide new licensees a copy of the relevant written information for distribution pursuant to this subsection (g).

**(h)** Nothing in this section shall be construed to prohibit any hospital, clinic, school, or other organization responsible for the care of children, from developing a specific procedure for internally tracking, reporting, or otherwise monitoring a report made by a member of the organization's staff pursuant to this section, including requiring a member of the organization's staff who makes a report to provide a copy of or notice concerning the report to the organization, so long as the procedure does not inhibit, interfere with, or otherwise affect the duty of a person to make a report as required by subsection (a). Nothing in this section shall prevent staff of a hospital or clinic from gathering sufficient information, as determined by the hospital or clinic, in order to make an appropriate medical diagnosis or to provide and document care that is medically indicated, and is needed to determine whether to report an incident as defined in this part. Those activities shall not interfere with nor serve as a substitute for any investigation by law enforcement officials or the department; provided, that, if any hospital, clinic, school or other organization responsible for the care of children develops a procedure for internally tracking, reporting or otherwise monitoring a report pursuant to this section, the identity of the person who made a report of harm pursuant to this section or § 37-1-605 shall be kept confidential.

(i)

**(1)** Any school official, personnel, employee or member of the board of education who is aware of a report or investigation of employee misconduct on the part of any employee of the school system that in any way involves known or alleged child abuse, including, but not limited to, child physical or sexual abuse or neglect, shall immediately upon knowledge of such information notify the department of children's services or anyone listed in subdivision (a)(2) of the abuse or alleged abuse.

**(2)** Notwithstanding § 37-5-107 or § 37-1-612, if a school teacher, school official, or other school personnel has knowledge or reasonable cause to suspect that a child who attends the school may be a victim of child abuse or child sexual abuse sufficient to require reporting pursuant to this section, then the school teacher, school official, or other school personnel must follow the procedures outlined in § 49-6-1601.

**(3)** For purposes of this subsection (i), “school” means any public or privately operated child care agency, as defined in § 71-3-501; child care program, as defined in § 49-1-1102; preschool; nursery school; kindergarten; elementary school; or secondary school.

## Tenn. Code Ann. § 37-1-412

### Copy Citation

Current through the 2021 Regular and First, Second, and Third Extraordinary Sessions of the 112th General Assembly.

**37-1-412.** Violation of duty to report — Power of juvenile court — Penalty.

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(a)

(1) Any person who knowingly fails to make a report required by § 37-1-403 commits an offense.

(2)

(A) A violation of subdivision (a)(1) is a Class A misdemeanor.

(B) A second or subsequent violation of subdivision (a)(1) is a Class E felony.

(3) Any person who intentionally fails to make a report required by § 37-1-403 commits a Class E felony.

(b)

(1) A juvenile court having reasonable cause to believe that a person is guilty of violating this section may have the person brought before the court either by summons or by warrant. If the defendant pleads not guilty, the juvenile court judge shall bind the defendant over to the grand jury.

(2) If the defendant pleads guilty to a first offense under subdivision (a)(1) and waives, in writing, indictment, presentment, grand jury investigation, and trial by jury, the juvenile court judge shall sentence the defendant with a fine not to exceed two thousand five hundred dollars (\$2,500).

## Tenn. Code Ann. § 37-1-413

### Copy Citation

Current through the 2021 Regular and First, Second, and Third Extraordinary Sessions of the 112th General Assembly.

**37-1-413.** False reporting of child sexual abuse or false accusation that a child has sustained any wound, injury, disability or physical or mental condition caused by brutality, abuse or neglect — Penalty.

Any person who either verbally or by written or printed communication knowingly and maliciously reports, or causes, encourages, aids, counsels or procures another to report, a false accusation of child sexual abuse or false accusation that a child has sustained any wound, injury, disability or physical or mental condition caused by brutality, abuse or neglect commits a Class E felony.

## Tenn. Code Ann. § 37-1-605

### Copy Citation

Current through the 2021 Regular and First, Second, and Third Extraordinary Sessions of the 112th General Assembly.

**37-1-605.** Reports of known or suspected child sexual abuse — Investigations — Notification to parents of abuse on school grounds or while under school supervision — Confidentiality of records.

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(a) Any person including, but not limited to, any:

(1) Physician, osteopathic physician, medical examiner, chiropractor, nurse or hospital personnel engaged in the admission, examination, care or treatment of persons;

(2) Health or mental health professional other than one listed in subdivision (1);

(3) Practitioner who relies solely on spiritual means for healing;

(4) School teacher or other school official or personnel;

(5) Judge of any court of the state;

(6) Social worker, day care center worker, or other professional child care, foster care, residential or institutional worker;

(7) Law enforcement officer;

(8) Authority figure at a community facility, including any facility used for recreation or social assemblies, for educational, religious, social, health, or welfare purposes, including, but not limited to, facilities operated by schools, the boy or girl scouts, the YMCA or YWCA, the boys and girls club, or church or religious organizations; or

(9) Neighbor, relative, friend or any other person;

who knows or has reasonable cause to suspect that a child has been sexually abused shall report such knowledge or suspicion to the department in the manner prescribed in subsection (b).

(b)

(1) Each report of known or suspected child sexual abuse pursuant to this section shall be made immediately to the local office of the department responsible for the investigation of reports made pursuant to this section or to the judge having juvenile jurisdiction or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Each report of known or suspected child sexual abuse occurring in a facility licensed by the department of mental health and substance abuse services, as defined in § 33-2-403, or any hospital, shall also be made to the local law enforcement agency in the jurisdiction where such offense occurred. In addition to those procedures provided by this part, § 37-1-405 shall also apply to all cases reported hereunder.

(2) If a law enforcement official or judge becomes aware of known or suspected child sexual abuse, through personal knowledge, receipt of a report or otherwise, such

information shall be reported to the department immediately and the child protective team shall be notified to investigate the report for the protection of the child in accordance with this part. Further criminal investigation by such official shall be appropriately conducted.

**(3)** Reports involving known or suspected institutional child sexual abuse shall be made and received in the same manner as all other reports made pursuant to this section.

**(c)** Any person required to report or investigate cases of suspected child sexual abuse who has reasonable cause to suspect that a child died as a result of child sexual abuse shall report such suspicion to the appropriate medical examiner. The medical examiner shall accept the report for investigation and shall report the medical examiner's findings, in writing, to the local law enforcement agency, the appropriate district attorney general, and the department. Autopsy reports maintained by the medical examiner shall not be subject to the confidentiality requirements provided for in § 37-1-612.

**(d)**

**(1)** Notwithstanding § 37-5-107 or § 37-1-612, if a school teacher, school official, or other school personnel has knowledge or reasonable cause to suspect that a child who attends the school may be a victim of child abuse or child sexual abuse sufficient to require reporting pursuant to this section, then the school teacher, school official, or other school personnel must follow the procedures outlined in § 49-6-1601.

**(2)** For purposes of this subsection (d), "school" means any public or privately operated child care agency, as defined in § 71-3-501; child care program, as defined in § 49-1-1102; preschool; nursery school; kindergarten; elementary school; or secondary school

