SCWS ALATEEN EVENT PLAN FINAL FORM

This form is required if you are planning an event involving Alateen members. An Alateen Event is defined as any Alateen activity other than a registered meeting.

NOTE: All Alateen meetings are closed (available to Alateens and AMIASs only). An annual or bi-annual open Alateen meeting is considered an Alateen Event.

Complete this form in its entirety and submit it to the Area Alateen Sponsor Coordinator (jida.alateen4events@yahoo.com) for approval at least 30 days before the event date (60 days before an overnight event).

EVENT INFORMATION

| 1. | Name of Event | | | | | | | | | | |
|----|---|--|---|-------------------|-------------|--|--|--|--|--|--|
| | | | | | | | | | | | |
| 2. | Type of Event (che | eck ONE box) | | | | | | | | | |
| | ☐ AA/Al-Anon Co | ☐ AA/Al-Anon Convention with Alateen Participation | | | | | | | | | |
| | \square Fundraiser for | AA/Al-Anon Conver | ntion with Alateen Participation A | lateen Conferenc | ce (SCAC) | | | | | | |
| | \square Fundraiser for | Alateen Conference | (SCAC) Registered Alateen meeting | ng open to the pu | ıblic | | | | | | |
| | \square Other (describe | | | | | | | | | | |
| | \square District sponso | ring the "Other" eve | ent | | | | | | | | |
| 3. | Location of Event | | | | | | | | | | |
| | Facility name | | | | | | | | | | |
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| | | | | | | | | | | | |
| | Facility address | | | | | | | | | | |
| | (street, city, zip) | | | | | | | | | | |
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| 4. | Day, Date & Time (If this is a multi - | | te a separate Event Plan Form f | or EACH day) | | | | | | | |
| | • | y = = ==== p 10 | · F · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | Event STARTS _ | <i></i> | | <i>,</i> | | | | | | | |
| | | Day | Month/Date/Year | Time | AM/PM | | | | | | |
| | Event ENDS _ | | | | | | | | | | |
| | | Day | Month/Date/Year | Time | AM/PM | | | | | | |

Rev 01/2019

AMIAS SUPERVISION INFORMATION

- 1. How many Alateens do you estimate will attend the event? (if an annual event, use attendance from previous year)
- 2. Event Sponsors (**2 required**) MUST BE CURRENTLY CERTIFIED AS AN AMIAS (one Male AND one Female Sponsor required if an overnight event)

| | First & Last Name | District # | Email | Phone # |
|----|-------------------|---------------|-------|---------|
| #1 | | | | |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |

3. <u>AMIAS Chaperones</u> – MUST BE CURRENTLY CERTIFIED AS AN AMIAS (minimum of one AMIAS per 10 Alateens **required at all times** throughout the event)

| First Name | Last Name | District | email | *Confirm Date/ Me | ation ethod | **Verified |
|------------|-----------|----------|-------|----------------------|----------------|------------|
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When and how did they confirm they would chaperone the event? (e.g. text, email, phone)
 ** Use the password protected AMIAS Distribution Roster on googledocs to verify AMIAS status.

AMIAS SUPERVISION SCHEDULE

Describe who, when, where, and what task each Sponsor & AMIAS Chaperone will be assigned to throughout the event.

- A minimum of one AMIAS per 10 Alateens must be assigned a task for all timeslots.
- There can be NO gaps in the schedule Every minute from START to END should be listed.
- At least one SPONSOR must on the schedule every minute throughout the event.
- Include:
 - o who is supervising Alateens during set-up and clean-up (before and after event)
 - o who is verifying registration, collecting permission forms, and signing in the Alateens
 - o who is problem-solving for Alateens arriving without registration and/or permission forms
 - o who is supervising the entrances and exits (and facility grounds, if needed)
 - o who is supervising the Alateens in the meeting room
 - o who is the bathroom escort and/or hallway monitor
 - o who is supervising the Alateens at each location during the break
 - o who is responsible for signing out the Alateens (if a Convention or Conference) or assuring all Alateens have safely left the facility grounds (for all other Alateen events)

If you need more space, please provide the schedule as an attachment.

| TIME From - To | Name of AMIAS | Where is AMIAS stationed | Description of Duties & Responsibilities |
|-------------------|------------------|--------------------------------|--|
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FIRST AID AND MEDICAL EMERGENCIES

| 1. | Who is responsible for bringing the First Aid Kit items? |
|----|---|
| 2. | Who will be responsible for rendering basic first aid to the Alateen members? |
| 3. | Which Sponsor(s) will have on hand the completed Permission/Medical forms to give to emergency personnel, if a medical emergency arises? |
| 4. | Who will be responsible for contacting the parent/guardian to inform them of the medical emergency? |
| 5. | If medical personnel transport an Alateen off-site, which Event Sponsor follow the medical transport and remain with the Alateen in the medical facility until a parent/guardian arrives? |
| 6. | Who will assume the duties/responsibilities of the Sponsor who went off-site to remain with the Alateen during the medical emergency? |
| 7. | What is the name and address of the Emergency Room closest to the facility? |
| 8. | Who will be responsible for writing the medical emergency incident report? NOTE: The incident report should be provided to the Convention Chair or other individual responsible for the liability of the event. |
| | |

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| 1. | Who will read the Area Alateen Safety & Behavioral Requirements (pg 7) and Event-specific Behavioral Requirements, if any? |
|----|--|
| 2. | When will the Area Alateen Safety & Behavioral Requirements (pg 7) and Event-specific Behavioral Requirements, if any, be read to the Alateens? |
| 3. | Where will printed copy(s) of the Area Alateen Safety & Behavioral Requirements (pg 7) and Event-specific Behavioral Requirements, if any be posted? |
| 4. | Who will be responsible for separating the non-compliant minor Alateen from the group, contacting their parent/guardian, and remaining with the Alateen until the parent/guardian arrives to remove them from the facility property? |
| 5. | Who will be responsible for escorting the non-compliant adult Alateen member off the facility property and confiscating their event badge? |

OVERNIGHT EVENTS

Currently, Alateen overnight events are suspended by the Area

This page will be created when the suspension is lifted

SIGNATURE PAGE

| Provide Convention website and Convention Chairperson's email | | | | | | |
|---|--------------------|--|--|--|--|---|
| tted by: | | | | | | |
| Signature: Alateen Event Chair | Date | Print Name: Alateen Event Chair | | | | |
| <u>Alateen Event S</u> | ponsors Approva | l of Event Plan: | | | | |
| All Event Sponsors must review and a Sponsor Coordinator. | approve this Event | Plan prior to submitting to the Area Ala | | | | |
| I am currently certified as an AMIAS (Al-Anon Member Involved in Alateen Service) in Southe California and I agree to abide by and carry out all provisions of this Event Plan. As a Sponsor for this Alateen Event, I agree to: | | | | | | |
| (1) collect Permission/Medical forms from each Alateen attending this event; | | | | | | |
| (2) only allow Alateens with the appropriate Permission/Medical form to participate in this event;(3) maintain a sign-in/sign out log with parent/guardian signatures to keep track of all Alateens to leave during the event; | | | | | | |
| | | | | | | (4) follow the agenda as stated in this |
| (5) Ensure that every Alateen is supervised by an AMIAS Event Sponsor or AMIAS Chaperone a times. | | | | | | |
| Signature: AMIAS Event Sponsor #1 | Date | Print Name: AMIAS Event Sponsor | | | | |
| Signature: AMIAS Event Sponsor #2 | Date | Print Name: AMIAS Event Sponsor | | | | |
| Signature: AMIAS Event Sponsor #3 | Date | Print Name: AMIAS Event Sponsor | | | | |
| Signature: AMIAS Event Sponsor #4 | Date | Print Name: AMIAS Event Sponsor | | | | |

Email this SCWS ALATEEN EVENT PLAN FINAL FORM to jida.alateen4events@yahoo.com for approval.

If this form is not submitted 30 days before the event date, the event will be canceled.