**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 Events 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 (check ONE box)

☐ AA/Al-Anon Convention with Alateen Participation

☐ Fundraiser for AA/Al-Anon Convention with Alateen Participation Alateen Conference (SCAC)

☐ Fundraiser for Alateen Conference (SCAC) Registered Alateen meeting open to the public

☐ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ District sponsoring the “Other” event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Location of Event

|  |  |
| --- | --- |
| Facility name |  |
|  |  |
| Facility address  (street, city, zip) |  |

4. Day, Date & Time of the Event

(**If this is a multi-day event,** **complete a separate Event Plan Form for EACH day**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event STARTS | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Day | Month/Date/Year | Time | AM/PM |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event ENDS | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Day | Month/Date/Year | Time | AM/PM |

**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. AMIAS Chaperones – 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 | \*Confirmation  Date/ Method | | \*\*Verified |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

• 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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.

|  |
| --- |
|  |

**BEHAVIORAL AND SAFETY COMPLIANCE**

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**

**Attach Event Flyer** (with Sponsor contact info and NO Alateen names or contact info)

**or**

**Provide Convention website**

**and**

**Convention Chairperson’s email**

**Submitted by:**

Signature: Alateen Event Chair Date Print Name: Alateen Event Chair

**Alateen Event Sponsors Approval of Event Plan:**

All Event Sponsors must review and approve this Event Plan prior to submitting to the Area Alateen Sponsor Coordinator.

**I am currently certified as an AMIAS (Al-Anon Member Involved in Alateen Service) in Southern 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 that leave during the event;
4. follow the agenda as stated in this Event Plan;
5. Ensure that every Alateen is supervised by an AMIAS Event Sponsor or AMIAS Chaperone at all times.

Signature: AMIAS Event Sponsor #1 Date Print Name: AMIAS Event Sponsor #1

Signature: AMIAS Event Sponsor #2 Date Print Name: AMIAS Event Sponsor #2

Signature: AMIAS Event Sponsor #3 Date Print Name: AMIAS Event Sponsor #3

Signature: AMIAS Event Sponsor #4 Date Print Name: AMIAS Event Sponsor #4

**Email this SCWS ALATEEN EVENT PLAN FINAL FORM to**

**tinas.scws.alateenevents@gmail.com.**

**If this form is not submitted 30 days before the event date,**

**the event will be canceled.**