



Official Statement of Re-Enrollment as an Affiliate Level Member on the Georgia Statewide Human Trafficking Task Force

Today's Date: _____

Organization: _____

Name of Authorized Representative (1): _____

Email Address _____ Preferred Phone Number: _____

Preferred Work Group (optional): _____

Name of Authorized Representative (2) (optional): _____

Email Address _____ Preferred Phone Number: _____

Preferred Work Group (optional): _____

Name of Authorized Representative (3) (optional): _____

Email Address _____ Preferred Phone Number: _____

Preferred Work Group (optional): _____

Official Statement of Re-Enrollment as an Affiliate Level Member:

I, _____, am Re-Enrolling as an Affiliate Level Member between
(Printed Name of Director/CEO)

_____ and the Criminal Justice Coordinating Council
(Organization)

as it relates to the Georgia Statewide Human Trafficking Task Force. I understand that all of the duties and tasks required of this role as an Affiliate Level Member that were outlined and agreed upon in my 2016 application will be upheld for the 2017 year through this re-enrollment agreement. I understand what will be expected of me and my agency in this role as an Affiliate Level Member of the Georgia Statewide Human Trafficking Task Force. If requested by CJCC, I/or the designated agency representative are amenable to submitting to a background check at our own expense in order to work directly with any child or youth through a work group project. I/or agency representative also agree to sign a confidentiality agreement, if requested.

(Signature of Director/CEO)

(Date)

Please email re-enrollment agreement to Michelle Anderson at: Michelle.Anderson@cjcc.ga.gov by 11-7-16