



## 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 2015 application will be upheld for the 2016 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](mailto:Michelle.Anderson@cjcc.ga.gov) by 11.16.15\*