– The National Advisory Committee on the Trafficking of Children and Youth in the United States –

STATEMENT OF INTEREST FORM

Submit to EndTrafficking@acf.hhs.gov by July 20, 2016.

OMB Control No: 0970-0401
Expiration date: 5/31/2018

First Name

Last Name

Title (if any)

Organization/Agency (if any)

Street Address

City

State

ZIP Code

Phone

E-mail Address

We are looking for participation that reflects balanced points of view. To help ensure a diversity of background among participants on the Committee, please answer the following questions:

Demographic Information:

Are you 18 years or older?
- ◯ Yes
- ◯ No

Gender

Are you a U.S. citizen?
- ◯ Yes
- ◯ No

If you are not a U.S. citizen, are you a lawful permanent resident in the U.S.?

- ○ Yes
- ○ No
- ○ N/A

Country of Origin

Tribal Affiliation (if any)

Service System and Sector Experience (Check up to three that apply.)

- ☐ State government
- ☐ Local government
- ☐ Tribal government
- ☐ Child welfare agency
- ☐ Social service provider
- ☐ Physical health provider
- ☐ Mental health provider
- ☐ Victim service provider
- ☐ Family and juvenile court
- ☐ Juvenile justice
- ☐ Law enforcement
- ☐ Runaway and homeless youth program
- ☐ Schools
- ☐ Gaming and entertainment industry
- ☐ Youth-serving businesses

Professional Experience (Check all that apply.)

- ☐ Policy and legal advocacy
- ☐ Direct social service provision
- ☐ Research and data
- ☐ Capacity building and training
- ☐ Executive/senior leadership
- ☐ Survivor leadership/advocacy
- ☐ Law enforcement

Are you a survivor of human trafficking, as defined by the Trafficking Victims Protection Act of 2000, as amended?

- ◯ Yes
- ◯ No

If Yes, type of trafficking:

- ◯ Sex Trafficking
- ◯ Labor Trafficking
- ◯ Both

Please continue to the next page.

Please describe what you hope to contribute to the Committee. (Max 150 words.)

Please describe your involvement in local, state, tribal, or federal anti-trafficking efforts. (Max 100 words.)

Please provide a short bio. (Max 150 words.)

Is there anything else you would like us to know about yourself? (Max 50 words.)

Instructions to submit:

1) Save this form as: Last Name, First Name_Form.
2) Save resume as: Last Name, First Name_Resume.
3) Save optional letters of support as: Last Name, First Name_Letter 1 or 2.
4) Send these items in one e-mail to **EndTrafficking@acf.hhs.gov** by **July 20** with the subject line: Last Name, First Name_Statement of Interest.

If you need more information, contact Kate Cooper at (202) 205-4554 or e-mail endtrafficking@acf.hhs.gov.

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