



Durham Region Human Trafficking Coalition

Member Application

Name of Organization:

Address (or mailing):

Telephone:

Fax:

Email:

Website:

Social Media:

Organization Mission:

Organization Type (please select)

Registered Charity or Not-for-Profit

Government

Justice Sector

For-Profit Organization

Other:

Current Programs/Services offered by your organization:

Do you provide direct services to Human Trafficking Survivors? If yes, please specify

If not, please explain how your organization's mandate relates to the goals of the Coalition?

Please list the Individual who will represent your Organization at the Coalition?

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*For larger organizations, more than 1 individual may be required or requested to represent different departments with substantially different service mandates or where relaying Coalition updates to other departments would pose challenging due to organization size and functioning.*

Please List Two References (organizations that are *current* and *active* member agencies of the Coalition) who will endorse your application:

*\*All Applications must receive the endorsement of two current/active member agencies of the Coalition and the application signed by agency representative with signing authority\**

1) Name (Senior Executive):

Role:

Contact Information:

Organization:

Signature:

2) Name (Senior Executive):

Role:

Contact Information:

Organization:

Signature:

**Member Statement of Agreement:**

\_\_\_\_\_ (applicant organization) is in agreement with and will abide by all terms listed in the [Human Trafficking Coalition of Durham Region] Terms of Reference including but not limited to:

- Alignment of Guiding Principals, values and practices stated in the terms;
- Demonstrating a commitment to accessibility, diversity, equity and inclusion;
- Respecting the autonomy and choices of survivors;
- Honoring the Confidentiality Agreement; and
- Ensuring adherence to the Membership Responsibilities including attendance at six annual meetings.

*Please note that attendance at less than 4 meetings will be assumed as withdrawal from the Coalition*

\_\_\_\_\_  
(Signature of Executive Director, CEO or other with the authority to sign on behalf of the organization)

Date: \_\_\_\_\_

Please forward all completed applications to [victimservices@drps.ca](mailto:victimservices@drps.ca)

Applications that meet the Stated Requirements will be brought forward to the Coalition for final approval – you will be notified via email of anticipated timeline

**For Coalition Use:**

- Application meets all Requirements for Membership in accordance with the Terms of Reference
- Application has been approved by the Coalition Membership with a vote of at least 50% +1
- Applicant Organization approved for Membership, effective \_\_\_\_\_
- Existing Member Organization ceases membership, effective \_\_\_\_\_ ;

Reason: \_\_\_\_\_

Coalition Members Reviewing: 1) \_\_\_\_\_ 2) \_\_\_\_\_