**OMB Control Number: 0970-0477**

**Expiration Date: 04/30/2022**

**Demonstration Grants to Strengthen the Response to Victims of Human Trafficking in Native Communities (VHT-NC) Program Evaluation – Community Expert Group (CEG): Nomination Form**

Your responses to this form:

* Are voluntary
* Will be used to help the evaluation team select expert consultants for the Community Expert Group
* Will be securely stored and not accessible to anyone outside of the evaluation team
* Will be maintained through the duration of the evaluation and then will be destroyed

Are you 18 years or older? Yes | No

[If NO, exit form]

What is your first and last name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What is your gender? \_\_\_\_\_\_\_\_\_\_\_\_\_

What is your tribal heritage or affiliation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* N/A: I do not identify as Native Hawaiian/Pacific Islander, American Indian, Alaskan Native, or indigenous

What is your experience or expertise related to human trafficking? (e.g., direct services with people impacted by human trafficking, victim advocate, public defender, nurse, law enforcement officer, social worker, lived experience, etc.). Please describe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you familiar with the work of one of the VHT-NC Program grant recipients? If so, please describe: \_\_\_\_\_\_\_\_\_

Why do you want to participate in the CEG? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What knowledge, perspective, or strengths would you bring to the CEG? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel that you have the supports necessary (emotional, spiritual, physical) to participate in a group that discusses human trafficking over the next three years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A good phone number to reach you at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Can we text you: Y/N)

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like the evaluation team to reach out to you? (Select all that apply)

* Telephone call
* Text message
* Email

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