



# Freedom Network USA

## Application for Associate Membership- Organization

Organization Name	
Address	
Phone	
Website	
Contact Name	
Contact Title	
Contact Email	
Contact 2 Name	
Contact 2 Title	
Contact 2 Email	

### *Eligibility*

1. Freedom Network USA (FNUSA) is a values-based network. While the work of members is vast, the approach to anti-trafficking work is universal. Please review the following FNUSA Position Papers and indicate if the position aligns with your agency's work. You can access more of FNUSA's policy work, including additional position statements at: <https://freedomnetworkusa.org/advocacy/>.

#### [A Rights Based Approach to Human Trafficking](#)

- We promote a human rights-based approach to human trafficking.

#### [End Demand Fact Sheet](#)

- We agree that "ending demand" through tactics of increased policing and criminalization of those patronizing consenting adults in the sex trade is a harmful practice. FNUSA opposes anti-trafficking efforts which focus on "ending demand" for consensual commercial sex.

#### [Human Trafficking and Sex Worker Rights](#)

- We agree that not all people who work in the commercial sex industry are trafficked.

Human Trafficking and Farm Workers

We agree that agricultural workers are vulnerable to trafficking and that H-2A visa holders should be able to change employers.

Human Trafficking and Reproductive Rights

We agree that each victim of human trafficking deserves explanation and access to the full range of reproductive health services (including legal abortion and birth control).

Human Trafficking and Immigrant Rights

We believe that immigrant workers should be protected through ensuring safe working conditions, preventing discrimination including sexual harassment, preventing workplace violence including sexual assault, eliminating wage theft and fraud, and barring exploitation and human trafficking.

2. **Organizations are required to meet or strive towards FNUSA’s Standards of Care. Please read the following and check off the tenants that align with your agency.**

Standards of Care

- |                                                   |                                                 |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Person-Centered Approach | <input type="checkbox"/> Confidentiality        |
| <input type="checkbox"/> Trauma-Informed Approach | <input type="checkbox"/> Transparency           |
| <input type="checkbox"/> Survivor Informed        | <input type="checkbox"/> Comprehensive Services |
| <input type="checkbox"/> Safety                   | <input type="checkbox"/> Language Access        |

3. **What policies and procedures does your organization have in place to ensure that a trauma-informed and person-centered approach is used in all aspects of your work (e.g. linguistic assistance, cultural competency, etc.)? What do you use to onboard new staff?**

4. Please list the staff positions and percentage of time devoted to anti-trafficking issues within your organization (e.g. immigration attorney, half-time). If anti-trafficking efforts are not the primary purpose of your organization, how does the FNUSA mission align with your organization's mission and work?

5. Is your organization a federal or state agency?

***Organizational Information***

1. Please indicate the best description for your organization (please check all that apply):

- |                                                                     |                                                                     |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Human rights organization                  | <input type="checkbox"/> Training and technical assistance provider |
| <input type="checkbox"/> Workers' rights organization               | <input type="checkbox"/> Local or national advocacy organization    |
| <input type="checkbox"/> Sex worker organization                    | <input type="checkbox"/> Research and/or analysis                   |
| <input type="checkbox"/> Refugee Resettlement Agency                | <input type="checkbox"/> Academic institution                       |
| <input type="checkbox"/> Direct services (legal or social) provider | <input type="checkbox"/> Other _____                                |

2. Please check the client community served/addressed by your organization (please check all that apply):

- |                                                                    |                                                                  |
|--------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Foreign-born victims of human trafficking | <input type="checkbox"/> US Citizen victims of human trafficking |
| <input type="checkbox"/> Labor trafficking                         | <input type="checkbox"/> Labor trafficking                       |
| <input type="checkbox"/> Sex trafficking                           | <input type="checkbox"/> Sex trafficking                         |
| <input type="checkbox"/> Adult survivors of human trafficking      | <input type="checkbox"/> Domestic violence survivors             |
| <input type="checkbox"/> Minor survivors of human trafficking      | <input type="checkbox"/> Sex workers                             |
| <input type="checkbox"/> Transitional Adult Youth survivors        | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Sexual assault survivors                  |                                                                  |

3. For Service Providers only, please check the services provided by your organization (please check all that apply):

- |                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Housing/Shelter        | <input type="checkbox"/> Criminal law legal services |
| <input type="checkbox"/> Medical care           | <input type="checkbox"/> Civil law legal services    |
| <input type="checkbox"/> Food                   | <input type="checkbox"/> Employment counseling       |
| <input type="checkbox"/> Clothing               | <input type="checkbox"/> Case management             |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Immigration services   |                                                      |

4. For Service Providers, in addition to checking any applicable boxes above, provide a statement describing the population your organization works with and services provided.

5. For non-service providers, please describe specifically the anti-trafficking or related work your organization has undertaken and/or will undertake. If your organization has worked on specific trafficking cases, please describe them on separate pages.

6. In your own words, what is the human rights-based approach to human trafficking? How does your organization apply the approach in your work?

7. What does your organization expect to gain from Associate Membership in FNUSA?

8. How do you expect FNUSA to benefit from your organization's Associate Membership?

9. How are best practices or knowledge (direct client services, training, outreach, policy/advocacy) regarding anti-trafficking efforts developed at your organization? From whom do you take leadership regarding these best practices?

10. Please list any FNUSA members that your organization currently collaborates with on a formal or informal basis or whom you have partnered with in the past. Indicate points of contact at those organizations with whom you worked. FNUSA's membership list is available at [www.freedomnetworkusa.org/join-us](http://www.freedomnetworkusa.org/join-us).

***Acknowledgements***

**The applicant understands the following eligibility criteria for Associate Membership:**

- a. Work directly with survivors of human trafficking in some capacity or are an individual survivor advocate.
- b. Dedicate at least .5 FTE to anti-trafficking work.
- c. Federal and State employees or agencies are NOT eligible for membership; except in the case of college or university employees.
- d. Note for Large organizations with offices in multiple states: Each individual office is required to submit a separate application for review.

**The applicant understands that Associate Members are required to:**

- a. Support Freedom Network USA's mission and core values
- b. Meet or strive for minimum standards of care
- c. Pay annual dues of \$300
- d. Submit a signed FNUSA Principles and Membership Agreement (if accepted); and
- e. Submit a signed FNUSA Membership Confidentiality Policy (if accepted)

**The applicant understands that Associate Members are expected to:**

- a. Share data, case examples, experience, and resources to collective efforts
- b. Attend the annual conference and member meeting
- c. Support Freedom Network USA policy efforts
- d. Be an ambassador for the network, connecting potential members, allies and partners with FNUSA and amplify its message

**The applicant understands expectations of members and what they can expect from Freedom Network USA. A list of these expectations can be found [here](#).**

**Termination Clause:**

Freedom Network USA reserves the right to terminate Associate Membership at any time and for any reason, including an organization's failure to align with Freedom Network USA policies and principles and/or failure to complete the enumerated responsibilities of Associate Membership. Associate Members may terminate their membership in the Freedom Network USA at any time and for any reason, including misalignment with the Freedom Network USA's principles and positions or when responsibilities of Associate Membership become too burdensome to complete.

**Please attach a copy of your organization's:**

- Mission statement**
- Anti-discrimination policy**
- 501(c)(3) letter from the IRS**
- Most recent annual report**

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**Applicant Printed Name**

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**Applicant Signature**

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**Date**