

## Vermont Office of the Secretary of State Safe At Home Address Confidentiality Program



## **ENROLLING ORGANIZATION REGISTRATION FORM**

Upon approval, this form will allow the staff of the organization to register to become Applicant Assistants and the organization will be listed on the Secretary of State's website as a reference for potential program applicants. A separate Applicant Assistant Registration Form is required for each staff person. The website information will include the name of the organization, city or town in which it is located and phone number.

1.	Name of Organization:
2.	Organization's Mailing Address:
3.	Counties served by organization (for referral purposes):
4.	Organization's Direct Telephone (for the Safe at Home Coordinator to call if there are any questions):
5.	Organization Telephone number to be listed on the Secretary of State's website as a reference for potential applicants:
6.	Read each statement below. Acknowledge your understanding of each statement below by checking the box next to the statement.
	[ ] The Enrolling Organization and all Applicant Assistants completing program applications understand that Safe at Home is only an option for applicants who meet the requirements of the program.
	[ ] The Enrolling Organization understands that all information obtained during the application process is confidential and if released or shared could endanger the safety of the applicant; therefore, the Enrolling Organization will not copy or keep any Safe at Home applications.
	are under the penalty of perjury under the laws of the state of Vermont that regoing is true and correct.
Signat	ure : Title:
	Executive Director, CEO or Authorized Official
Printe	ed Name: Date:
Direct	cor's e-mail: