

FLORIDA GANG REDUCTION TASK FORCE

PARTICIPATION FORM

By filling out this form, you are simply informing the Gang Reduction Task Force Chair in your region that you want to participate in the collaborative efforts to combat the gang problems in your community. This form in no way obligates you to the Task Force or its committees.

Check the region which applies to you.

- Region 1 Region 2 Region 3 Region 4
 Region 5 Region 6 Region 7

Check your area of expertise/interest:

- Education
 Criminal Justice
 Business Relations
 Prevention/Intervention
 Rehabilitation/Reentry

Please provide your contact information; this information is used solely for communication purposes by the regional Gang Reduction Task Force.

Name: _____

Title/Position: _____

Agency/Organization: _____

Email Address: _____

Daytime Phone Number: _____

List the County/Counties you represent: _____

Email your completed form to the email address posted on the Gang Reduction Task Force information pages at <http://myfloridalegal.com/flgangs.nsf/pages/RegionalTaskForces> .