## GREEN LIGHT FORM GNT CO-SPONSOR

GNI CO-SPO	NSOR TEAM IN	FORMATI	ON		
GNT Team Name:			Date:		
Leader Name(s):					
Phone/Email of Princi	pal Contact:				
If Applicable, Name & Address of Associated Organization (i.e. church, school):					
CHECKLIST					
community leaders: public school admin Our GNT of at least 8	8 people is organized w	cial, a represer	tative from the	e police department, a esponsibilities. Togeth	ier,
we are ready to devote up to 40 hours/week to resettlement tasks for the first month, including some availability during normal working hours					
	nterpreters or interpreta eetings in the two of the ef office				
We are prepared, upon approval of this form, to begin the process of having our identified interpreters undergo World Relief background checks through Sterling Volunteers (SV). We understand that all individuals must pass a background check in order to engage as volunteers/interpreters with the newcomers. In addition, those who will be alone with children must have completed World Relief's prevention of sexual exploitation and abuse training.					
All team members w	vho will be driving refug	ee family mem	bers have clear	red their MVR check	
	orimary care providers a t Medicaid, are able to c tion				ing
We have a mental-h	ealth emergency plan in	place.			
	at we can secure afforda ousing if the arrival notic			or 4BRs), but will	
All required furniture	e and household items a	re collected or	at least identifi	ied.	
The housing set-up t	eam is ready to prepare	the housing u	pon notice fror	n World Relief	
We have raised at le	ast 75% of the monetary	y amount spec	ified by World	Relief local office	
For teams that have	already cosponsored a	t least one nei	vcomer:		
The refugee fam	nilies with which we wer ansportation	e previously m	atched are self	-sufficient with regard	d to
Our group is no	t providing any continui	ng services to	the family/indi	vidual	

