



# TRI-COUNTY CRITICAL INCIDENT STRESS MANAGEMENT TEAM

## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

### EDUCATION INFORMATION

	School Attended	Dates of Attendance	Degree Attained or Major Area of Study
High School			
College or University			
Advanced Degree and/or Training			

Have you ever attended a two-day seminar in CISM Debriefing?

When \_\_\_\_\_

Where \_\_\_\_\_

Instructor \_\_\_\_\_

Are you presently involved in the emergency services?

Department \_\_\_\_\_

Position \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current Occupation and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other life experience(s) you feel is/are appropriate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

1. Why do you want to be a member of the Tri-County CISM Team?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What assets would you bring to the CISM process is you were a team member?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In what role do you see yourself functioning as a Tri-County CISM member and why?

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**REFERENCES**

Please list three (3) reference, not related to you.  
Include name, address, and daytime phone number.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

I hereby acknowledge that the enclosed information is accurate. I also acknowledge that I have not been arrested and convicted or drug or alcohol abuse, physical or sexual abuse, or any felony.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Return completed application to:  
CISM  
1058 W Church Street  
Elmira NY 14905***