



MEMBERSHIP APPLICATION

Applying for:

- Peer Mental Health Police Fire EMS Clergy Dispatch Other

Personal Information:

Name:

Address:

Town: State: Zip: Email Address:

Home Phone: Work Phone: Cell Phone:

Service Affiliations:

Two blank lines for service affiliations.

CISM Training:

- None Basic Advanced Family Peer Instructor Other

Educational Institution Course of Study Dates

Three blank lines for educational information.

Employment: (include volunteer services)

Three blank lines for employment information.

Personal References: (please list 3 references not related to you and include phone numbers)

Three blank lines for personal references.

Comments and Additional Information:

Two blank lines for comments and additional information.

I have reviewed the information provided and verify that it is accurate. I certify under penalties of perjury that I have not been convicted of a crime involving moral turpitude, nor am I addicted to the use of drugs or alcohol. I certify that I am the person on this application and that all statements are true and correct.

Signature: Date:

Please return completed application, copy of your driver's license and any CISM training documentation to:

Charles Epstein
CT CISM Operations Director
19 Crest Drive
Cromwell, CT 06416

Providing stress management support to emergency personnel
www.CTCISM.org
800-734-2473

Date Interviewed: Interviewed by: