Southern Alleghenies CISM Team
Application for Team Membership

Written: April 2018 Reviewed: April 2018	Revised: October 2018

County You Reside: Highlight **County/Counties Willing to Travel To: Check Mark**

_____ Bedford _____ Cambria _____ Huntingdon _____ Other

_____ Blair _____ Fulton _____ Somerset

Shirt Size _____

Vest Size _____

The statements made herein are subject to verification to determine your qualifications for CISM team membership

Name: _____

(Last) (First) (MI)

Address: _____

Telephone#: _____

Email: _____

Civil/Criminal History

Have you ever been convicted, pled guilty or no contest to a felony or misdemeanor? _ Yes _ No

Have you ever been finger printed for any reason other than employment/clearances? _ Yes _ No

Have you ever been convicted of a domestic crime? _ Yes _ No

If you answered yes to any of the above question, please explain:

_____

Current/Previous Employment Information (Please attach additional sheets if needed)

Organization	Position	From / To	Supervisor	Phone #
		-		
		-		
		-		

Retired from employment in good standing? _ Yes _ No

Please list any other professional or volunteer experience which may add to your qualifications as member of our team:

_____

PHONE: (814)201-2265 **105 West 13th Ave, Suite 2 ALTOONA, PA 16601** **FAX: (814)201-2429**

Training / Certification / License: *Please attach certificates of training to this application*

Type	Certification(s) / License(s)	Expiration Date
MENTAL HEALTH		
EMS		
POLICE		
TELECOMMUNICATOR		
MEDICAL		
FIRE		
CLERGY		
OTHER (Explain):		

Educational History

	School Name	Dates Attended	Graduated?
High School			
College			
Technical			
Other			

Membership/Participation in Professional Organizations

Organization Name	Duties Performed	Dates Involved

References

(References cannot be relatives and must have known you for a minimum of one year)

Personal References

Name	Affiliation	Job Title	Phone #

Professional References

Name	Agency	Job Title	Phone #

Related Information

How did you hear about the CISM Team?

Co-worker Friend Supervisor/Boss Involved in Debriefing Other

Do you have any previous/current training in crisis management?

Why do you want to become a member of the CISM Team?

What assets would you bring to the Team?

Which of your personal skills do you believe will be most useful in dealing with Critical Incident Stress?

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I grant Southern Alleghenies CISM Team permission to verify such answers and investigate all references. I understand that any false statements on this application may be considered significant cause for rejection of this application or for termination if discovered after my team member status. I authorize my former employer(s) and other individuals to give information concerning me and I release them and their companies from any liability whatsoever.

Signature: _____ Date: ____ / ____ / _____

NOTE: This application is void after a period of six (6) months. If you have not been approved / contacted within that period and are still interested in being considered for a team member, you must reapply.

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ATTACH TO APPLICATION

DO NOT WRITE IN THIS AREA

FOR SOUTHERN ALLEGHENIES CISM TEAM USE ONLY

Date Application Received: / /

Date Interviewed: / /

Interviewed By: Title:

Title:

Title:

Application Approved: Yes No

Reason Denied:

Date Approved: / /

County of Team:

Team Profession:

Notes:

Please email application to Austin Plummer: aplummer@saems.com

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