

Membership Application



Mail to:
CISM Team of Palm Beach County
1040 Royal Palm Beach Blvd.
Royal Palm Beach, FL 33411

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____

E-mail: _____

Position you are seeking within the team:

Mental Health Clinician Peer Support Administrative Other _____

EDUCATION

Institution	Dates	Degree/Certification

EMPLOYMENT HISTORY

Place of Employment	Dates	Rank/Position

PROFESSIONAL AND COMMUNITY MEMBERSHIPS

Membership Application

Please list any formal training you have received in Stress Management, Crisis Intervention, or related areas:

PROFESSIONAL REFERENCES

Name	Address	Phone	Relationship

Please list any of your specific interests or abilities that you feel could be an asset in your work with the team:

RESPONSE AVAILABILITY (check all that apply)

Mornings Evenings Afternoons Weekdays Weekends

Shift (list): _____

Other (list): _____

Why would you like to volunteer your time with our team?

I understand if invited to join the team confidentiality is of the utmost importance. Any violations of confidentiality will be reported to the team coordinator and membership can be immediately terminated.

Signature of Applicant

Date