

HUDSON VALLEY CISM TEAM
MEMBERSHIP APPLICATION

Please type or print clearly

Today's Date: _____

Name: _____

Address: _____

County: _____

Phones: home- _____ Work: _____

Pager- _____ cell: _____

Do you have and Emergency Services affiliation? Yes ___ No ___

Agency name: _____

Address: _____

Phone: _____ Years of service _____

Chief Officer: _____

Training (ex. EMT, Paramedic, police officer, etc.) _____

A letter of recommendation from the Chief or Line officer will be required.

Are you a Mental Health Professional? Yes ___ No ___ how long _____ please
attach certificates level of degrees

Please list any and all specialties & certifications :

Do you have a spouse in the Emergency services Yes ___ No ___

Spouse's Name: _____

Affiliation/Agency: _____

Are you trained in CISM? Yes ___ no ___ *If yes, please attach copies of certificates.*

Have you ever been convicted of any offense other than traffic violations? Yes ___ no ___ *if
yes please explain on the back of this page.*

Please provide name, address and phone #'s of three references, NOT related to you:

Hudson Valley Critical Incident Stress Management Team, Inc. is a non profit public benefit corporation, and is not organized for the private gain of any person. Hudson Valley CISM will accept qualified applicants in a non-discriminatory manner with regard to gender, race, religious, cultural, ethnic or national origin. Hudson Valley CISM follows the critical incident stress management model advocated by the International Foundation.

I have read the above statement, and the information I have supplied on this application is true. I hereby authorize and request any and all of my references whom I have named to furnish any and all information concerning my training, experience, and personal background. I hereby release such person(s) from any liability by reason of furnishing such information. I also understand that any misrepresentation or omission of facts requested too this application may be cause for revocation or suspension of membership. I further understand that completion of this application does not insure me acceptance for membership.

Signed: _____ Date: _____

Application fee of \$25.00. Please make check or money order payable to Hudson Valley CISM.

**Mail to:
Hudson Valley CISM
P.O. Box 81
Somers, NY 10589**