



Personal Information

Current Team member renewing: complete part A

Applying to become a Team member: complete A and B

Part A

Name _____

Home Address _____

Phone: Cell _____ Home _____ Work _____

E-mail _____ Agency Affiliation(s) _____

Active (responding) member _____ Associate member _____ Interested in team lead _____

Part B

Describe your history relevant to emergency services _____

List your past training/instruction relevant to Critical Incident Stress, including courses sponsored by ICISF (please attach copies of certificates) _____

List three references that can support your role as a member of this Team:

Name	Address	Phone#	Position
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(continue on reverse as needed)

*Annual membership fee of \$10 is expected per member;
this offsets the ICISF dues for GMCISM Team and members.*