

Central Mass C.I.S.M. Team
P.O. Box 20135 * Worcester, Massachusetts 01602

**Please complete this application and submit in to the address above.
If you have questions concerning the application, please contact Bill Bernhard at
508-799-7306 (H) or 508-799-7741 (W).**

Personal Information

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone (home) _____ Phone (work) _____

Other number (please indicate if this is a cell phone or pager) _____

Email _____

CISM Experience and Training

How did you hear about the Central Mass CISM Team?

Why do you want to join the Team?

Do you have experience in providing any of the following: individual counseling, small group work, stress management, training or education in other related areas

Have you taken any CISM courses?

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Have you ever needed the services of emergency services? If yes, please describe what, when and its impact on you and/or your family

What exposure, if any, have you had to emergency medical situations, psychological crisis, multiple trauma or mass casualty incidents

List any stress management techniques that you have used effectively

Employment Information

Current Employer _____

Title/Position _____ Full time/Part time _____

Company address _____

Dates of Employment _____

Previous work experience if applicable

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Educational Information

High School _____ Year of Graduation _____

College _____ Degree _____ Year of Graduation _____

Post Graduate Work _____ Degree _____ Year of Graduation _____

Please list other training that directly relates to your membership on the CISM Team

References:

Please list three professional references, persons not related to you, and include their address and telephone number(s).

Name _____

Address _____

Phone _____

Thank you for your interest in the Central Mass
CISM Team - serving those who serve others.