

**Central Mass C.I.S.M. Team**

**c/o James MacDonald, 38 Marcy Pl, Holland MA 01521**

Please complete this application and submit it to the address above.

If you have questions concerning the application, please contact James MacDonald 978-580-9710.

**Personal Information**

Name

Address

City                      State              Zip code

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?

**Central Mass C.I.S.M. Team**

**c/o James MacDonald 38 Marcy Pl, Holland MA 01521**

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

**Central Mass C.I.S.M. Team**

**c/o James MacDonald 38 Marcy Pl, Holland MA 01521**

**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

Name

Address

Phone

Name

Address

Phone

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