



CRISIS INTERVENTION TEAM (CIT) APPLICATION

Please forward completed application to CIT Coordinator

Name (Last, First, M.I.)		Agency		Rank	Badge No.
Date of Hire:		Current Assignment:			
Home Address:		Email Address:			
Street		City		ST	ZIP
CONTACT PHONE NUMBERS					
Home:		Cellular:		Pager:	
Which training program(s) are you applying for?		<input type="checkbox"/> CIT Basic <input type="checkbox"/> Other:			
EDUCATION/TRAINING					
Year Completed	School Attended	Degree/Training Received		Major	
What are your expectations for being a Crisis Intervention Team Member?					
What skills or abilities do you feel you possess that would make you a good Crisis Intervention Team Member?					
Please forward completed application CIT Coordinator					