



CRITICAL INCIDENT RESPONSE TEAM

TEAM MEMBERSHIP APPLICATION

PERSONAL INFORMATION

NAME: _____ ARE YOU OVER 18 YEARS OF AGE? _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE NUMBERS:

CELL: _____ HOME: _____ WORK: _____

PRIMARY EMAIL: _____

ALTERNATIVE EMAIL: _____

EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED: YES / NO

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE NUMBER: _____

SUPERVISORS NAME: _____

MAY WE CONTACT?: ____ DATES OF EMPLOYMENT: _____

EDUCATION

HIGHEST LEVEL COMPLETED: ____ HIGH SCHOOL ____ ASSOCIATES ____ BACHELORS
____ MASTERS ____ DOCTORATE AREA OF STUDY: _____

STATE OR FEDERAL ISSUED LICENSES OR CERTIFICATIONS (PLEASE LIST WITH ISSUING AUTHORITY)



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DISCIPLINE AFFILIATIONS

___ EMT ___ PARAMEDIC ___ FIREFIGHTER ___ POLICE OFFICER ___ CORRECTIONS
___ DISPATCHER ___ NURSE ___ MENTAL HEALTH PROVIDER ___ PHYSICIAN
___ CHAPLAIN ___ CLERGY

BRIEFLY DESCRIBE YOUR WORK AND ROLE RELATED TO THE DISCIPLINE AND AFFILIATIONS YOU INDICATED

REFERENCES

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS:

CELL: _____ HOME: _____ WORK: _____

EMAIL: _____

RELATIONSHIP _____ HOW LONG KNOWN _____



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ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE NUMBERS:

CELL: _____ HOME: _____ WORK: _____

EMAIL: _____

RELATIONSHIP _____ HOW LONG KNOWN _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE NUMBERS:

CELL: _____ HOME: _____ WORK: _____

EMAIL: _____

RELATIONSHIP _____ HOW LONG KNOWN _____

HOW DID YOU HEAR ABOUT THE MERCURY TEAM?

SIGNATURE

DATE