



# Crisis Intervention Team Program Application



**Deadline: Applications must be received by NAMI Maine 3 weeks before the start of your program**

Please complete both sides of the application, and either scan and e-mail or fax to:

[CIT@namimaine.org](mailto:CIT@namimaine.org)

fax 207-621-8430

Please call NAMI Maine at 207-622-5767 x319 with any questions regarding this application.

## **Applicant Info—(Please print legibly)—(all fields are required)**

Rank: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: a number (cell/work/home) where you can best be reached: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Years on force: \_\_\_\_\_

**Agency:** (Full Name) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

## **Supervisor Info:**

Rank \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Supervisor's Direct Phone number: \_\_\_\_\_

Supervisor's e-mail address: \_\_\_\_\_

**What do you hope to learn from attending Crisis Intervention Team Training**

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**Reasons for your interest in joining the Crisis Intervention Team:**

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**Describe the professional qualifications and personal qualities which makes you suited for CIT:**

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**After completing both sides of the application, and securing your Chief's signature, mail, fax or e-mail by the deadline date directly to:**

**NAMI Maine**

**1 Bangor St.**

**Augusta, ME 04330**

**Fax: 207-621-8430**

**[cit@namimaine.org](mailto:cit@namimaine.org)**

**For assistance with this form: 207-622-5767 x319**

By my signature below I agree to the following:

- a) The use of electronic devices acts as a distraction to others and is therefore limited only to emergencies. This includes cell phones, tablets, i-pads, laptops, and any similar devices.
- b) Participation in the program in the form of engaging in discussions, sharing of your experience, active participation in role plays, etc. is necessary to receive certification.
- c) Attendance is mandated for the full 40 hour program. If you need to be excused for whatever reason, you must make up the portion of the program missed at a future scheduled CIT Program.
- d) There is some reading of educational material concerning mental health which is required to be completed before the start of the course.
- e) *It is understood that certification of attendance does not guarantee a CIT certification. Your active participation in the program, grasp of the material presented, as well as feedback from the presenters is taken into consideration for the final assessment.*

To be signed by participant

\_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

To be signed by agency head (Chief, Sheriff, Troop Commander, etc.)

\_\_\_\_\_ Date \_\_\_\_\_

Title and Name: \_\_\_\_\_