

# CRISIS INTERVENTION TEAM (CIT) APPLICATION

## Chicago Police Department/Special Activities Section

Completed applications are to be forwarded to CIT Coordinator, Unit 441. Fax # (312) 745 - 6980

Name (Last, First, MI.)	Rank	Star No.	Employee No.
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Date of Appointment	Unit of Assignment	District of Residence	Day Off Group	Furlough Segments/Year
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<b>Current Watch</b> <input type="checkbox"/> 1st Watch <input type="checkbox"/> 2nd Watch <input type="checkbox"/> 3rd Watch <input type="checkbox"/> Tactical/Gangs <input type="checkbox"/> Other- (Specify) _____	<b>Current Assignment</b> <input type="checkbox"/> Community Policing <input type="checkbox"/> Beat Car <input type="checkbox"/> Rapid Response Car <input type="checkbox"/> Supervisor <input type="checkbox"/> Tactical/Gangs <input type="checkbox"/> Other- (Specify) _____
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Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Numbers  
 Unit: \_\_\_\_\_ Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_

Are you a : Peer Support Member ?    Elderly Service Officer?    Domestic Violence Liaison Officer?  
 Yes    No      Yes     No     Yes     No

Which training program(s) are you applying for?    CIT Basic     CIT Veterans Advanced     CIT Youth Advanced

Education/Training	Year Completed	School Attended	Degree/Training Received	Major

What do you expect to receive from being a Crisis Intervention Team Member?

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What skills or abilities do you feel you possess that would make you a good Crisis Intervention Team Member?

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**Note:** If you have a regular partner that is interested in becoming a CIT member, fill his or her name below and advise them to complete a CIT application as soon as possible.

Partner's Name & Star no. \_\_\_\_\_

Applicant's Signature	Date Submitted
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