MO CIT COUNCIL CONTACT FORM

Name of CIT Council: _____ ☐ Expansion Council ☐ Established Council

Does Your Council have a Facebook Page? ☐ YES ☐ NO

County/Counties Represented: _____

Chair's Information

Name (including rank): _____
Phone Number: _____
Email Address: _____
Replacing: _____

Co-Chair's Information

Name (including rank): _____
Phone Number: _____
Email Address: _____
Replacing: _____

Secretary's Information

Name (including rank): _____
Phone Number: _____
Email Address: _____
Replacing: _____

Training Committee Chair's Information

Name (including rank): _____
Phone Number: _____
Email Address: _____
Replacing: _____

Course Registration Contact's Information

Name (including rank): _____
Phone Number: _____
Email Address: _____
Replacing: _____

Please email completed form to MO CIT: admin@missouricit.org

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Community Mental Health Liaison (CMHL) Contact

Name: _____
Phone Number: _____
Email Address: _____
Replacing: _____

CIT Meetings/Activities Schedules:

How often does your council meet (monthly, quarterly, etc.)? _____

Council meeting location(s): _____

Council meeting date(s): _____

Please list all Law Enforcement Agencies by jurisdiction that are members of your council by Jurisdiction Name (e.g., Boone County Sheriff's department, Columbia PD, Fulton PD, MUPD)

_____

_____

_____

Please list all Community Partner Agencies that are members of your council by Agency Name (e.g., Arthur Center, Burrell Behavioral Health, Compass Health, ReDiscover, Truman VA, DHSS)

_____

_____

_____

FOR INTERNAL USE ONLY

___Council Chair Spreadsheet
___Co-Chair Spreadsheet
___Training Chair Spreadsheet
___Email Distribution Listserv(s)
___State-wide Training Schedule (Training Chairs Section)
___Website: www.missouricit.org
___Working Committee SS/Map

✓ Change(s) Made
(Place a check mark next to each one):

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