



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: _____



MO CIT COUNCIL CONTACT FORM

Community Behavioral Health Liaison (CBHL) Contact

Name: _____
 Phone Number: _____
 Email Address: _____
 Replacing: _____
 Name: _____
 Phone Number: _____
 Email Address: _____
 Replacing: _____
 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 First Responder 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 Contact SS/Map

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

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