

Critical Incident Stress Management Team

Application for Team Membership

(Must be Basic CISM Trained to apply)

Check if applying for: Mental Health ___ Peer-EMS ___ Fire ___ Police ___ Nursing ___ Behavioral Health ___ Counselor ___ Social Worker ___

other: ___

Date: _____

Name: _____ Phone (home) _____

Address: _____ Phone (work) _____

_____ Phone (mobile) _____

Email Address: _____

Current Position: _____

Current Employer: _____

Work Experience: _____

Volunteer Experience: _____

Education (List most recent first)

Institution	Degree Date	Degree

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List any formal training you have received in stress management, crisis management, crisis intervention, counseling, etc. List related conferences (use additional sheets if necessary)

What strengths do you have that would make you a good CISM Team Member? Explain.

Do you consider yourself a good listener?

Additional information you would like us to know about you to assist in the CISM Team selection process

Would you be available for debriefings on a 24 hour or less notice?

List three references who can address your work in your profession or could support your role on this team. One must be a supervisor or employer. You are not required to obtain references from these people unless you are contacted by CISM to do so.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>POSITION</u>
1.				
2.				
3.				

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Please include a copy of your current license (if applicable) and a copy of you CISM Basic Certifications.

Thank you.

Please submit to:

**Scott Everitt, Operations Director
Pittsburgh CISM Team
Attention: Membership Committee
Email: raymondeveritt@yahoo.com**

Questions, follow-up may be address to: the above.