



Peninsulas EMS Council, Inc., PO Box 2348, Gloucester, Virginia 23061
 (804) 693-6234, Fax (804) 693-6277

Critical Incident Stress Management Team Application

Name: _____ SSN: _____
(Last) (First) (MI)

Address: _____
 City: _____ State: _____ Zip _____
 Home Ph: _____ Cell Ph. _____
 Work Ph: _____ Pager: _____
 Email: _____ Other: _____

Applying As: Clinician _____ Peer _____ Both _____

High School: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Dates Attended: _____
 Did you graduate? Yes _____ No _____ If yes, when? _____

College: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Dates Attended: _____
 Did you graduate? Yes _____ No _____ Degree _____

Graduate School: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Dates Attended: _____
 Did you graduate? Yes _____ No _____ Degree _____

Licenses and Certificates - List, including dates and issuing authorities:

*Mental Health Applicants should provide copies of any pertinent licenses issued by the Virginia Departments of Health or Mental Health and Retardation. Non-licensed Mental Health Applicants should provide copies of all college and graduate school transcripts.

Name: _____

1. Are you, or have you been, involved in any criminal litigation? Yes _____ No _____
If yes, explain. _____

2. Briefly describe your experience as it relates to the CISM Team's mission.

3. Do you find people willing to confide in you? _____

4. Which of your personal skills do you believe will be most useful in dealing with Critical Incident Stress?

5. How do you plan to cope with the human tragedy that you may encounter in CISM Team service? _____

6. Why are you willing to expose yourself to this type of tragedy in a volunteer capacity?

7. What is your greatest personal strength and how will it affect your service on the team? _____

8. What is your greatest personal weakness and how will it affect your service on the team? _____

9. What personal or family problems will your service on the team create or worsen?

Name: _____

10. How will your service on the team affect your career? _____

11. Will you attend team meetings and training sessions and complete basic training and requirements? _____

Your Comments: _____

References:

We must receive at least two responses to requests for references for any applicant to be considered.

Name: _____

Title: _____

Address: _____

Daytime Phone Number: _____ Relationship _____

Name: _____

Title: _____

Address: _____

Daytime Phone Number: _____ Relationship _____

Name: _____

Title: _____

Address: _____

Daytime Phone Number: _____ Relationship _____

Name: _____

Title: _____

Address: _____

Daytime Phone Number: _____ Relationship _____

Return the completed application to the Peninsulas EMS Council, Inc. Please include any attachments or additional documentation that you will be helpful in your consideration.