

CIRT
Critical Incident Stress Management Team
Application for Team Membership

Personal Information:

Name _____

Address _____

Phone (Home) _____ **(Work)** _____

Pager _____ **Cell Phone** _____

Employment History:

Employer _____ **Occupation** _____

Work Phone _____ **Can We Contact?** Y N

Years with Current Employer _____

Immediate Supervisors Name _____

Supervisors Phone Number _____

Education:

College or University _____

Degree and/ Or Training _____

Please list any courses you've taken in Sociology or Psychology and any training you've had in Critical Incident Stress Management.

Do you have any Emergency Medical Services Experience? Y N List:

In what activities outside of your profession are you currently involved, or do you anticipate involvement in the next year?

What exposure have you had to emergency medical situations, psychological crisis, multiple trauma, or mass casualty incidents?

Have you had any mental or physical disabilities in the last 5 years? If so, please explain.

Do you have any experience providing any of the following? Please give a brief description if you answer yes.

a. Individual Counseling:

b. Small Group Work:

c. Stress Management:

d. Training or Education in Other Areas:

List stress management techniques that you have utilized effectively.

How did you hear about the CISM Team?

Why do you want to be a member of the CISM Team?

What assets would you bring to the CISM process should you become a team member?

How much flexibility do you have to go on debriefings on a 24-48 hour notice?

References:

**Please list the name, address, and phone number of three references.
(one personal, one co-worker, and one supervisor)**

I understand that if I am selected as a member of the CISM Team, I am required to give at least 18 months of service. Resignation prior to my 18-month commitment may result in my being required to reimburse Cooper for the cost of my training. I hereby understand the above and authorize the deduction to be taken from my paycheck.

Signed: _____ Date: _____

**Please return to Dave Groves in room 786 or Risa Swell in EAP.
Thanks for your interest in the Cooper CIRT Team.**