

TO: Persons Interested in Critical Incident Stress Management Team Membership

FROM: CISM Team-Tidewater

SUBJECT: Application for Membership on the Regional CISM Team

Applications are being accepted for membership on the Tidewater Critical Incident Stress Management (CISM) Team. Applications should be returned to the Tidewater EMS Council office along with a letter of recommendation from your agency head, chief or other supervisory-level individual. The letter should provide a personal reference and indicate agency support for your membership on the team. The CISM Team will screen applications, conduct interviews and select members. Submission of an application does not mean automatic acceptance.

Individuals with a strong background in counseling/psychology/social work/psychiatric nursing will be considered for mental health team leader positions. Emergency services workers (police, fire, EMS, dispatch and spouses) may apply to become peer debriefers.

Training sessions are arranged through the Virginia Office of Emergency Medical Services or the International Critical Incident Stress Foundation. The training is designed to prepare mental health professionals and peers to conduct critical incident stress debriefings and related services. All CISM applicants must attend a two-day basic training session before final acceptance as a team member. Persons who have not completed the two-day training at time of application will be notified of upcoming training.

Mental health members will be required to spend some time in cross-training in the EMS and public safety areas, i.e. riding with the rescue squad, fire department and/or police department. This training will be arranged locally.

Membership on the team is voluntary. You will receive no honoraria for your participation in debriefings, team meetings or training, nor can professional liability insurance be provided. You will, however, receive tremendous satisfaction as you provide support, reassurance and comfort to those dedicated emergency service workers suffering from physical and emotional aftershocks of critical incidents. If you feel that you truly wish to devote some time, energy and talent to the CISM team, we welcome your application.

If you have any questions about this program, please call the Tidewater EMS Council, (757) 963-0632, or the Virginia Office of EMS, 1-800-523-6019.



TEMS Critical Incident Stress Management Team
Membership Application

Check appropriate category:

- Mental Health Professional*
- Chaplain*
- Peer (EMS, Fire, Law enforcement, dispatch, etc)*

I. Personal Information:

<i>Name:</i>	
<i>Address (home)</i>	
<i>City, State, Zip</i>	
<i>Phone (home)</i>	
<i>Address (work)</i>	
<i>City, State, Zip</i>	
<i>Phone (work)</i>	
<i>Pager Number</i>	
<i>E-mail address</i>	
<i>Cell Phone Number</i>	
<i>Other contact numbers & methods</i>	

II. Education: *List most recent first*

<i>Institution</i>	<i>Degree Date</i>	<i>Degree</i>

III. Employment Information: *List most recent first*

<i>Employer</i>	<i>Job Description/Responsibilities</i>	<i>Duration</i>

IV. Membership in Professional Organizations: (Names and Dates)	
<i>Organization Name</i>	<i>Dates</i>

V. Participation in Professional & Community Activities: (Names and Dates)	
<i>Organization Name</i>	<i>Dates</i>

VI. Supplemental Information: (Sections 1-8)
1. List and describe any formal training you have received in stress management, crisis intervention, counseling, etc. List and describe related conferences.
Check if completed: <input type="checkbox"/> ICISF Group Crisis Intervention Course <input type="checkbox"/> ICISF Individual Crisis Intervention/Peer Support Course (check both for combo course, and attach completion certificate(s) with this application)
2. Describe any participation you've had in counseling sessions either personally or with clients.
3. Describe yourself as you see yourself.

4. Describe yourself as you think others see you.
5. Describe your problem solving process.
6. Identify areas in your own life that you feel need or needed a debriefing.
7. Describe how you see others dealing with stress.

VII. Emergency Services Relationships:
1. Describe your past experiences with emergency medical services, fire, law enforcement, or dispatch.
2. How did you hear about the Tidewater Critical Incident Stress Management Team?

VIII. Please note any comments or concerns:

IX. References: <i>List three references who can address your work in counseling or could support your role on this team.</i>			
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>
1.			
2.			
3.			

Please return this application to:

Tidewater EMS Council CISM Team
 1104 Madison Plaza Suite 101
 Chesapeake, VA 23320

- *Attach a letter of recommendation from your supervisor/ Chief.*
- *Attach a copy of your ICISF Group Crisis Intervention and/ or ICISF Individual Crisis Intervention & Peer Support training certificate(s) if the training has already been completed.*
- *Mental health applicants, please attach a copy of your advanced degree.*

This form is also available on-line at www.tidewaterems.org/cism.html

Rev. 5-11-2015