



UTAH CRITICAL INCIDENT STRESS MANAGEMENT TEAM

APPLICATION FOR TEAM MEMBERSHIP

I. Personal Information

Name: _____

Address: _____

Phone: W) _____ H) _____ C) _____

E-mail: _____

Shirt Size _____

II. Current Certifications / Licenses

State License Number _____ P.O.S.T # _____

____ EMT ____ Psychologist ____ Law Enforcement

____ Paramedic ____ MSW / LCSW ____ Fire Fighter

____ RN/LPN ____ Dispatch ____ Other _____

III. Employment

Employer: _____

Current Title/Position: _____

Yrs of Service _____ Full Time ____ Part Time ____ Volunteer

Other Assignments: _____

List 3 positions relevant to emergency services, starting with your present position.

Dates	Place	Job Description	Reason for Leaving

Are you involved in activities outside of your profession, or anticipate involvement in the next year?
_____ Yes _____ No

If yes, please list and include description of time commitment.

IV. Related Information:

How did you hear about the CISM team?

_____ Co-worker _____ Friend _____ Supervisor/Boss
_____ Involved in Debriefing _____ Other _____

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

What assets would you bring to the Team? _____

List the stress management techniques that you have utilized to effectively handle personal stress.

V. References:

Please list 2 personal references (not related to you) and their professions.

Name	Position	Address	Phone #

*** Attach a letter of recommendation and agency support from your department head***

Scan and e-mail completed application to: debbyp51@msn.com

Debby Peterson
CISM team secretary
801-550-2350