

ALLEGHENY HIGHLANDS CISM TEAM APPLICATION

Application Date: _____

Personal Information

Name: _____
Address: _____
Mailing Address (if different): _____
Phone: (Home) _____ (Work) _____ (Pager) _____ (Cell Phone) _____
Date of Birth: (optional) _____ Other languages spoken: _____
Social Security Number: _____ e-mail address: _____

Employment History (MHP please attach current resume)

Occupation: _____ for how long? _____
Current Employer (1): _____ Address: _____
Employer (2): _____ Address: _____

Formal Education and Professional Training

<u>School Name and Address</u>	<u>Program Major</u>	<u>Degree/Certificate</u>	<u>Date of Graduation</u>
High School			
College/Vocational School			
Graduate School			

Have you ever been a member of a CISM team? _____ yes _____ no

If so, where: _____

List other educational experience with relevance to Emergency Services with a brief job description.
 (Examples: Arson Squad, Basic Patrol, HazMat, Dispatcher, Emergency Medicine, Scuba, Counselor)

List and describe any formal training you have received in Stress Management, Crisis Intervention, Post Traumatic Stress Disorder, Counseling and Group Dynamics, etc.

<u>Date of Course</u>	<u>Course Title</u>	<u>Instructor</u>	<u>Certificate/CEUs Awarded</u>

Use additional paper as needed.

List all ICISF approved Courses Attended.

<u>Date of Course/Location</u>	<u>Course Title</u>	<u>Instructor</u>	<u>Certificate/CEUs Awarded</u>

Use additional paper as needed.

List all memberships in professional organizations with relevance to emergency services or mental health services (include length of membership, offices held, etc. for each):

List and briefly explain relevant community activities you have participated in:

Personal Statement

How did you hear about the Allegheny Highlands Critical Incident Stress Management Team?

Why do you want to become a member of this CISM team? What experiences, background and/or skills would you bring to the Allegheny Highlands CISM Team as a member?

References

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

Professional Liability Insurance (for Mental Health Professionals Only):

Carrier: _____ Limits of Liability: _____

Policy Number: _____ Expiration Date: _____

Have claims ever been filed against you? Yes No

If yes, explain:
