

# Critical Incident Stress Management Program

## VOLUNTEER MEMBERSHIP APPLICATION

Check if applying for:     Mental Health Professional     Incident Peer Debriefer

### I. Personal Information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Home Telephone: (    ) \_\_\_\_\_ Work Telephone: (    ) \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_

Profession: \_\_\_\_\_

### II. Education: (List most recent first) (High school & college only)

Institution	Degree Date	Degree

### III. Employment:

Current Position: \_\_\_\_\_

List last 3 positions (present position first):

	Dates & Place	Brief Description of Work
1.		
2.		
3.		

### IV. CISM or Related Involvement:

1. Have you ever participated in a critical incident debriefing?     Yes     No

If yes, as a:     team leader peer     debriefer     recipient (check one)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What experiences have you had in providing any of the following:

a. **Stress Management:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. **Training / education in other CISM-related areas (specify):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Mental Health Professionals answer c and d also. Include descriptions of types of client and amount of direct time spent in the activity.)

**c. Individual Counseling:** \_\_\_\_\_

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**d. Group Work:**

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4. What assets do you believe you can bring to the CISM program?

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

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

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VI. Comments and additional information you would like to add:

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VII. Personal References: List three references, not related to you.

Name	Address	Telephone Number

Return completed applications to:

**CISM Selection Committee**  
**King County EMS Division**  
**401 5th Ave, Suite 1200**  
**Seattle, WA 98104**  
Tele/TTY (206) 296-4693  
FAX: (206) 296-4866  
Email: [Ron.Quinsey@kingcounty.gov](mailto:Ron.Quinsey@kingcounty.gov)