

**PIERCE COUNTY  
CRITICAL INCIDENT STRESS MANAGEMENT  
PROGRAM**

**TEAM MEMBERSHIP APPLICATION**

Check Team Position applying for:

**Peer Member** \_\_\_\_\_ **Chaplain** \_\_\_\_\_ **MHP** \_\_\_\_\_

**I. Personal Information:**

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

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

\_\_\_\_\_  
(City)(State)(Zip)

Home telephone: (    ) \_\_\_\_\_ Work telephone:(    ) \_\_\_\_\_

Cellular Phone: (    ) \_\_\_\_\_

Pager: Alpha or Numeric(    ) \_\_\_\_\_ Name of Service Company \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Licenses: \_\_\_\_\_

**II. Education (High School and Post High School)**

Institution Name/Location	Date attended/Graduated	Diploma / Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Current Employment**

Agency/Address/Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Current Employment (Continued)**

Supervisor Name/Phone: \_\_\_\_\_

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

**IV. Critical Incident Stress Management (CISM) or related involvement:**

1. Have you ever participated in a Critical Incident Stress Debriefing?

Yes \_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_ How many Times \_\_\_

Role in which you participated: Debriefer \_\_\_ Participant \_\_\_ MHP \_\_\_

2. Training/Education in CISM or related areas: Be Specific

**Attach Copies of Training Certificates!**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

b. CISM Training/Education or other related areas: Be Specific

**Attach Copies of Training Certificates!**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Defusing: \_\_\_\_\_

\_\_\_\_\_

**IV. Critical Incident Stress Management (CISM) or related involvement continued:**

d. Peer Counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What assets do you believe you can bring to the Pierce County CISM Team Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**V. Why do you want to be a member of the Pierce County CISM Team?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Applicants for Mental Health Professional: (All others skip to #VIII.)**

1. Graduate degree in mental health profession? Yes \_\_\_ No \_\_\_

\_\_\_ Social Work \_\_\_ Psychology \_\_\_ Psychiatry

\_\_\_ Marriage and Family Counseling \_\_\_ Other (List)

**VII. Applicants for Mental Health Professional Continued (All others skip to #VIII.)**

2. Do you have any experience working with Emergency Workers? Yes \_\_\_ No \_\_\_  
If Yes explain below:

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**3. ATTACH COPIES OF REGISTRATION, CERTIFICATES, LICENSE**

Licensed: Yes \_\_\_ No \_\_\_

By Which Agency: \_\_\_\_\_

Certified: Yes \_\_\_ No \_\_\_

By Which Agency: \_\_\_\_\_

Registered with Washington State: Yes \_\_\_ No \_\_\_

4. Practice Experience Yes \_\_\_ No \_\_\_

\_\_\_ Number of years

\_\_\_ Private Practice

\_\_\_ Group Practice

\_\_\_ Agency (EAP; Hospital; etc.)

5. Insured for Malpractice Liability? Yes \_\_\_ No \_\_\_

**Provide Copy of Proof of Liability Insurance**

If No, would you be willing to obtain Liability Insurance: Yes \_\_\_ No \_\_\_

6. Please provide a description of types of clients and the amount of direct time spent in the following activities:

a. Individual counseling: \_\_\_\_\_

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b. Group work: \_\_\_\_\_

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c. Emergency Workers: \_\_\_\_\_

**VIII. List Three (3) Personal References Do not include relatives or employers:**

Name	Address	Telephone #
1.	_____	_____
2.	_____	_____
3.	_____	_____

**IX. AGREEMENT, CERTIFICATION AND AUTHORIZATION**

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigations at any time disclose any such misrepresentation or falsification, my application may be rejected and my name removed from consideration.

I authorize my current or former employers and all schools or educational institutions which I have attended to provide Pierce County CISM Program representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

My signature authorizes the Pierce County Sheriff's Department to perform a personal background check on me.

Signed Legal Name \_\_\_\_\_

Print Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

**X. Return Completed Application Packet and Certificate Copies to:**

Pierce County  
Dept. of Emergency Management  
2501 South 35th Street, Suite D  
Tacoma, WA 98409-7405

Any questions please feel free to call Tom Sharp, DEM Liaison, at 253-798-3419 or  
*Donna Vitale, 253-798-3419*