

TIDEWATER VIRGINIA
CISM  
Membership Application

<p>Check applicant category:</p> <p><input type="checkbox"/> <i>Mental Health Professional</i></p> <p><input type="checkbox"/> <i>Chaplain</i></p> <p><input type="checkbox"/> <i>Peer (EMS, Fire, Law enforcement, dispatch, etc)</i></p>	<p><i>For office use only</i></p> <p><i>Application received date:</i> _____</p> <p><i>Interview date:</i> _____ <i>Recommendation:</i> _____</p> <p><i>Other:</i> _____</p>
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I. Personal Information:	
<i>Name</i>	
<i>Home Address Street</i>	
<i>City, State, Zip</i>	
<i>Phone (home)</i>	
<i>Phone (work)</i>	
<i>Pager</i>	
<i>E-mail address</i>	
<i>Cell</i>	

II. Education: <i>List most recent first</i>		
<i>Institution</i>	<i>Degree Date</i>	<i>Degree</i>
<i>List and describe any formal training/licensure you have received in stress management, crisis intervention, counseling, etc:</i>		
<i>Check if completed:</i> <input type="checkbox"/> <i>ICISF Group Crisis Intervention Course</i> <input type="checkbox"/> <i>ICISF Individual Crisis Intervention/Peer Support Course</i> <i>(check both for combo course, and attach completion certificate(s) with this application)</i>		

III. Employment Information: <i>List most recent first</i>		
<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. Emergency Services Relationships:
<i>1. Describe your past experiences with emergency medical services, fire, law enforcement, or dispatch.</i>
<i>2. How did you hear about the Tidewater Critical Incident Stress Management Team?</i>

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
 Or scan and email to: 1104 Madison Plaza Suite 101
tidewater@vaems.org Chesapeake, VA 23320

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| <ul style="list-style-type: none"> • <i>Attach a letter of recommendation from your supervisor/Chief.</i> • <i>Attach a copy of your ICISF Group Crisis Intervention, ICISF Individual Crisis Intervention & Peer Support or ICISF Combo Course training certificate(s) if the training has already been completed.</i> • <i>Mental health applicants - please attach a copy of your advanced degree.</i> | <i>Rev. 12-5-17</i> |
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