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# Southwest CISM Support Lead/Peer Supporter

### Nomination Form – 2014 – Email to [kjaycox@fs.fed.us](mailto:kjaycox@fs.fed.us) or fax to 505-842-3801

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | | | Agency |  | | | | | | | Home Unit | | |  | | | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | Job Title | | | | | | |  | |
| City |  | | | | | | | | | | | | | | | | | | State |  | | | | | | | ZIP | | | |  | | | | |
| Office:  Cell:  Home:  Email: |  | | | | | | | | | | | | | | | | | | Red Card Qualifications: | | |  | | | | | | | | | | | | | |
| Dispatch Center | | | | | |  | | | | | | | | | Jetport | | | | |  | | | | | | | | | Employment Status Perm Perman | | | Perm Temp AD | | | |
| Position Applied for: | | | | | | | | Team Lead  Team Member  Agency Administrator/Team Support | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you attended Basic Peer Support Training? | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | | | | | | | | | |  | |  |
| Have you attended Advanced CISM Training? | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECENT CISM EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Name: | | | |  | | | | | | | | | | | | Position: | | | | Team Leader  Peer Supporter | | | | | | | | | | | | | | | |
| Type: |  | | | | | |  | |  | Date/Duration: | | | | | |  | | | |  | | | Location | | | | |  | | | | | | | |
| Incident Name: |  | | | | | | | | | | | | | | | Position: | | | | Team Leader  Peer Supporter | | | | | | | | | | | | | | | |
| Type: |  | | | | | |  | |  | Date/Duration | | | | | |  | | | |  | | | Location | | | | |  | | | | | | | |
| Incident Name: |  | | | | | | | | | | | | | | | Position: | | | | Team Leader  Peer Supporter | | | | | | | | | | | | | | | |
| Type: |  | | | | | |  | |  | Date/Duration: | | | | | |  | | | |  | | | Location | | | | |  | | | | | | | |
| Incident  Name: :tName: |  | | | | | | | | | | | | | | | | Position:  Team Leader  Peer Supporter | | | | | | | | | | | | | | | | | | |
| Type: |  | | | | | | | | | | Date/Duration: | | | | | | | | | | | | | Location: | | | | | | | | | | | |
| Incident Name: |  | | | | | | | | | | | | | | | | Position:  Team Leader  Peer Supporter | | | | | | | | | | | | | | | | | | |
| Type: | |  | | | | | | | | | | Date/Duration: | | | | | | | | | | | | | Location: | | | | | | | | | | |
| Incident Name: | | | | |  | | | | | | | | | | | | | Position: | | | Team Leader  Peer Supporter | | | | | | | | | | | | | | |
| Type: | | |  | | | | | | | | | | Date/Duration: | | | | | | | | | | | | | Location: | | | | | | | | | |

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| NOMINEE AND SUPERVISOR Signature | | | |
| Nominee Signature Date | | | |
| Supervisor Signature |  | Date |  |