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#  Southwest CISM Support Lead/Peer Supporter

### Nomination Form – 2014 – Email to 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? |  |  |
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| 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 |  |
| IncidentName: :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 |  |