



2016 CRITICAL INCIDENT PEER SUPPORT LEAD/PEER SUPPORTER Application Form

APPLICANT INFORMATION			
Name:	Agency:	Home Unit:	
Street Address:		Job Title:	
City:	State:	ZIP:	
Office Phone: Cell: Email:	Red Card Qualifications:		
Dispatch Center:	Jetport :	Employment Status : <input type="checkbox"/> Perm <input type="checkbox"/> Temp <input type="checkbox"/> AD	
Position Applied for: CIPS Group Lead <input type="checkbox"/> Peer Support <input type="checkbox"/> Both <input type="checkbox"/>			
ICISF Training: (Dates/Location)			
Other Course Work Related to Crisis Intervention:			
Languages Spoken Other Than English:			

RECENT CISM EXPERIENCE			
Incident Name:		Position:	<input type="checkbox"/> CIPS Group Leader <input type="checkbox"/> Peer Supporter
Type:	Date/Duration:	Location:	
Incident Name:		Position:	<input type="checkbox"/> CIPS Group Leader <input type="checkbox"/> Peer Supporter
Type:	Date/Duration:	Location:	
Incident Name:		Position:	<input type="checkbox"/> CIPS Group Leader <input type="checkbox"/> Peer Supporter
Type:	Date/Duration:	Location:	
Incident Name:		Position:	<input type="checkbox"/> CIPS Group Leader <input type="checkbox"/> Peer Supporter
Type:	Date/Duration:	Location:	
Incident Name:		Position:	<input type="checkbox"/> CIPS Group Leader <input type="checkbox"/> Peer Supporter
Type:	Date/Duration:	Location:	

NOMINEE AND SUPERVISOR SIGNATURE	
Applicant Signature:	Date :
Supervisor Signature:	Date:

Due to the need for continuous training and practice, to develop the skills necessary to become an effective peer supporter, length of assignment and service to this program is indefinite. Please attach a brief narrative on why you are interested in providing peer support.

By signing this application, both supervisor and applicant acknowledge that they have read and will adhere to the Ethics and Conduct requirements of the program.



Critical Incident Stress Management Program members are trained and certified by the International Critical Incident Stress Foundation.