# 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** : Perm Perman | | | Perm Temp AD | | | |
| **Position Applied for:** | | | **CIPS Group Lead**  **Peer Support**  **Both** | | | | | | | | | | | | | | | | | | | | |
| **ICISF Training:**  **(Dates/Location)** | | | | | | |  | |  | | |  | | | | | | | | |  |  | |
| **Other Course Work Related to Crisis Intervention:** | | | | | | |  | |  | | |  | | | | | | | | |  |  | |
| **Languages Spoken Other Than English:** | | | | | | |  | |  | | |  | | | | | | | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| RECENT CISM EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Name:** |  | | | | | | | | **Position:** | | | **CIPS Group Leader**  **Peer Supporter** | | | | | | | | | | | |
| **Type:** |  |  | |  | **Date/Duration:** | | | |  | | |  | | **Location:** | | |  | | | | | | |
| **Incident Name:** |  | | | | | | | | **Position:** | | | **CIPS Group Leader**  **Peer Supporter** | | | | | | | | | | | |
| **Type:** |  |  | |  | **Date/Duration:** | | | |  | | |  | | **Location:** | | |  | | | | | | |
| **Incident Name:** |  | | | | | | | | **Position:** | | | **CIPS Group Leader**  **Peer Supporter** | | | | | | | | | | | |
| **Type:** |  |  | |  | **Date/Duration:** | | | |  | | |  | | **Location:** | | |  | | | | | | |
| **Incident**  **Name:** :tName: |  | | | | | | | | | **Position:**  **CIPS Group Leader**  **Peer Supporter** | | | | | | | | | | | | | |
| **Type:** |  | | | | | **Date/Duration:** | | | | | | | | | **Location:** | | | | | | | | |
| **Incident Name:** |  | | | | | | | | | **Position:**  **CIPS Group Leader**  **Peer Supporter** | | | | | | | | | | | | | |



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.

**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.**

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

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| NOMINEE AND SUPERVISOR Signature | | | |
| **Applicant Signature:** **Date :** | | | |
| **Supervisor Signature:** |  | **Date:** |  |

