

# *Butte Critical Incident Stress Management Team* Application

I. PERSONAL INFORMATION:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

II. EDUCATION: (List most recent first)

Institution	Degree/Certificate	Date Awarded
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III. EMPLOYMENT INFORMATION: (List most recent first)

Employer	Job Description/Duties	Length of Employment
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IV. MEMBERSHIP IN ORGANIZATIONS: (Relevant to this application)

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V. PARTICIPATION IN PROFESSION AND COMMUNITY ACTIVITIES:

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VI. SUPPLEMENTAL INFORMATION:

1. List and describe any formal training you have received in stress management, crisis intervention, counseling, etc. List and describe related conferences.

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2. Describe any participation you have had in counseling sessions or with clients.

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3. What strengths and qualities do you have that are relevant to debriefing work?

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VII. EMERGENCY SERVICE RELATIONSHIPS:

1. Describe your past experience with emergency services.

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2. How did you hear about this Debriefing Team?

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3. Why do you want to volunteer your time with this Debriefing Team?

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VIII. ANY COMMENTS OR CONCERNS:

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IX. LIST THREE REFERENCES THAT CAN ADDRESS YOUR WORK IN COUNSELING OR COULD SUPPORT YOUR ROLE ON THIS TEAM.

NAME	ADDRESS	PHONE #	RELATIONSHIP
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X. AVAILABILITY FOR DEBRIEFING SESSIONS:

\_\_\_\_\_ Anytime      \_\_\_\_\_ Anytime, up to \_\_\_\_\_ times per year  
\_\_\_\_\_ Evenings or weekends only      \_\_\_\_\_ As follows:

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Please submit application to either:

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| 1. CISM Team Coordinator<br>Attn. Marlene Heisey<br>176 Nelson Ave.<br>Oroville, Ca. 95965 | OR | 2. CISM LE Team Leader<br>Attn. Linda Dye<br>1460 Humboldt Rd.<br>Chico CA 95928 |
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## BCISM TEAM MEMBER COMMITMENT ~ UNDERSTANDING

The Critical Incident Stress Management Team concept is an organized approach to the management of stress responses in emergency services. It entails a group meeting between the affected personnel and a debriefing team. The team is trained to help the people talk about their feelings and reactions to the critical incident. The clientele included are as is stated in the administrative policy as developed by the BCISM Team.

I, \_\_\_\_\_, the undersigned, agree to serve as a member with the *Butte Critical Incident Stress Management Team*. In the capacity of serving as a team member, I understand it requires the following commitment:

1. Attend the mandatory training as indicated by the Team.
2. Serve as a team member for debriefings as requested by the Team.
3. Attend monthly meetings. (Team members should miss no more than 50% of all meetings in a given year).
4. Maintain strict confidentiality regarding all aspects of incidents and personnel involved.
5. Available for special assignments as requested.
6. Present educational services of the Team as requested.
7. Remain informed of Team operating policies / procedures.

I have read and understand these commitments and agree to serve as a team member for the *Butte Critical Incident Stress Management Team*.

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Signed

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Date