

DEPARTMENT OF EMERGENCY SERVICES
Chester County Government Services Center
601 Westtown Road Suite 12
West Chester, PA 19382

CISM Team Member Application

I, _____, hereby apply for membership in the Chester County Critical Incident Stress Management program as a team member. I understand that by becoming a member of this team, either as a peer support or professional support member, I will be called on periodically to take part in various CISM field services. These activities will include but not be limited to Demobilizations, Defusings, Debriefings and Outreach educational programs, as assigned by the program Coordinator.

Further, I acknowledge that I will be required to show proof that I have been trained in the CISM model developed by the ICISF, or in one comparable. If I am lacking that training, I agree to take part in the necessary sessions to meet the training requirements. If I apply to the team as a Mental Health Professional, I will be responsible for obtaining and maintaining professional liability insurance at my own expense.

Finally, I agree to take part in any additional training that may be required by the Chester County CISM Team or the Program Coordinator, attend a minimum of fifty percent of the annual meetings (about 3 meetings), and commit myself to the program for a period of one year.

Signature: _____

Date: _____

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CISM Team Member Demographics

Name (Last, First, MI): _____

Address: _____

Phone Number: (Home) _____

(Work) _____

(Pager) _____

E-Mail Address: _____

Credentials/ Training

Check all that apply: I am (please specify)

_____ A Police Officer/ Law Enforcement _____

_____ A First Responder/ EMT/ Medic/ HP _____

_____ A Fire Fighter/ Hazmat/ Rescue/ etc _____

_____ A Mental Health Professional _____

_____ A Member of the Clergy (denomination) _____

Levels (and Dates if known) of CISM Completed: _____

Please list any Degrees, Certifications, or other Relevant Education _____
