

Name: _____

1. Are you, or have you been, involved in any criminal litigation? Yes _____ No _____
If yes, explain. _____

2. Briefly describe your experience as it relates to the CISM Team's mission.

3. Do you find people willing to confide in you? _____

4. Which of your personal skills do you believe will be most useful in dealing with Critical Incident Stress?

5. How do you plan to cope with the human tragedy that you may encounter in CISM Team service? _____

6. Why are you willing to expose yourself to this type of tragedy in a volunteer capacity?

7. What is your greatest personal strength and how will it affect your service on the team? _____

8. What is your greatest personal weakness and how will it affect your service on the team? _____

9. What personal or family problems will your service on the team create or worsen?

10. How will your service on the team affect your career? _____

11. Will you attend team meetings and training sessions and complete basic training and requirements? _____

Your Comments: _____

References:

We must receive at least two responses to requests for references for any applicant to be considered.

Name: _____
Title: _____
Address: _____
Daytime Phone Number: _____ Relationship _____

Name: _____
Title: _____
Address: _____
Daytime Phone Number: _____ Relationship _____

Name: _____
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Address: _____
Daytime Phone Number: _____ Relationship _____

Name: _____
Title: _____
Address: _____
Daytime Phone Number: _____ Relationship _____

Return the completed application to the Peninsulas EMS Council, Inc. Please include any attachments or additional documentation that you will be helpful in your consideration.