PRESBYTERIAN

APPLICATION FOR
CISM VOLUNTEER TEAM MEMBER

Name:_____

Facility:_____ **Unit:**_____ **Floor:**_____ **Title:**_____

Supervisor's Name_____ **Phone**_____

Supervisor's Approval:_____ _____
Signature **Date**

Why do you want to be on a Critical Incident Stress Management Team?

_____

Describe your previous or most recent experience with a Critical Incident:

_____

What did you do to cope with the stress of the incident you described?

_____

What did you do to help others cope?

_____

What did you learn from the incident?

_____

_____

What critical incidents do you feel you cannot handle?

_____

How many critical incidents have you experienced, and what is your current emotional, spiritual, physical distance from those incidents?

_____

_____

What skills, experience, or training to you bring to the CISM team?

_____

_____

Requirements: 1) Willingness to serve as a Volunteer CISM Team Member; 2) Training: 3) Attendance at monthly team meetings

I am willing to be trained and serve for at least one year, with the option to continue as desired.

_____ _____
Signature **Date**

_____ **Contact Phone Number:**_____
Print name

REFERENCES: Please list three (3) references to be contacted.

Return the complete form to:
Bill Dorman, Pastoral Care, PH (841-1091)

Department of Chaplaincy Services