



APPLICATION FOR TEAM MEMBERSHIP

All information provided is considered confidential and will not be shared with any person or agency not directly affiliated with The Metro CISM Team.

Please use additional paper if necessary for responses.

Section 1: PERSONAL INFORMATION

First Name _____	Last Name _____
Home Address _____	_____
City/State/ZIP _____	_____
_____	Home Phone Number _____
Personal E-Mail Address _____	Cell Phone _____

Are you willing to use a cell phone that can receive app-based messages for private communication?	YES	NO
Do you have permission from your employer to join the CISM Team?	YES	NO

Section 2: EMPLOYMENT INFORMATION

Current Employer _____	Position _____
Employer's Address _____	City/State/Zip _____
Immediate Supervisor's Name _____	Supervisor's Phone Number _____
Circle the discipline that most describes your work Law Enforcement Emergency Medical Service Mental Health Professional Ordained Chaplain (must provide verification from judicatory)	(Check ALL that apply) Fire Service Emergency Communications Hospital - Medical
May we contact your employer?	YES NO

Section 3: GENERAL QUESTIONS

1. Why do you want to volunteer with this Team?

2. What skills, leadership abilities and/or personal qualities do you possess that would make you a good CISM peer counselor and crisis interventionist? Please cite specific examples of situations in which you have used these skills to assist a peer in a time of difficulty.

3. What experience(s) do you have in providing any of the following? Include a description of services and time spent in these areas:

A. Individual Counseling:

B. Stress Management:

C. Peer Support:

D. Training:

Section 6: RELEASE OF INFORMATION

Because of the sensitive issues The Metro CISM Team deals with, we request your written authorization to do background checks and follow-up with current and former employers and to verify all information provided within this application. By your signature below, you authorize The Metro CISM Team to perform due diligence in researching the information provided herein.

Signature of Applicant

Date of Signing

Return this application along with a
**letter of support from your present
supervisor/manager/agency/judiciary.**

Please mail to:

The Metro CISM Team Volunteer Coordinator
7809 Southtown Center #174
Bloomington MN 55431



Thank you for your interest in the Metro CISM Team! Any questions, feel free to contact the Metro CISM Team staff at 612-207-1130.

For Office Use:

"We serve those who serve others."