

**San Joaquin Area Critical Stress
Management Team**
Critical Incident Management Team
Stress Debriefing Participation Application

Name: _____

Mailing Address: _____
Address Street City Zip

Home Phone: _____ Business Phone: _____

Pager Number: _____ Cell Number: _____

Fax: _____ E-Mail: _____

SS No. _____ Driver License No. _____

Place of Employment: _____

Business Address: _____
Address Street City Zip

Area of Affiliation: ___ Fire ___ Law ___ EMS ___ Community

Work Experience: _____

Area of Expertise: _____

Educational
Background _____

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| 1. Why do you wish to become a member of the Team? |
| 2. What assets would you bring to the Team? |
| 3. What exposure have you had with psychological crisis or traumatic incidents? |
| 4. What areas of the team are you most interested? |
| 5. Do you have any experience in the following areas? a. Chaplaincy: b. Individual Counseling: c. Stress Management: d. Small Group Work: |
| 6. Are you willing to follow established policies and maintain standards as addressed by SJACIST? |
| 7. Are you willing to commit to the team success with the possible request for response any time day or night? |
| 8. Comments or additional information you would like to express for consideration by SJACIST selection: |

Applicants Signature

Date