



**Thomas Jefferson EMS Council, Inc.  
Critical Incident Stress Management Team**

**Peer Membership Application**

Written: December 2005

Revised: June 2022

Reviewed: April 2016

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Phone Numbers: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Emergency Services Relationships:**

Agency Affiliation (Circle all that apply): EMS / Fire / Police / Hospital / Other

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Agency Captain/Chief: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Captain/Chief E-Mail: \_\_\_\_\_

Level of training or certifications: \_\_\_\_\_

\_\_\_\_\_

Years of Service: \_\_\_\_\_

**Employment Information:** (Required – list most recent job first)

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

---

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

---

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

---

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**CISM Questionnaire:**

Have you had CISM training? Yes / No

If yes, when did you receive your training? Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

Have you participated in or been a member of another CISM team? Yes / No

If yes, please indicate the location(s): \_\_\_\_\_

How did you hear about this CISM team? \_\_\_\_\_

Why do you want to volunteer with the CISM team? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you be able to attend scheduled team meetings? (quarterly in the evenings) Yes / No

In which of the following functions would you be willing to participate? (circle all that apply)

Defusings                      Debriefings                      Peer to Peer

Do you think you would be able to participate in defusings/debriefings involving pediatrics? Yes / No

**References:** List 3 persons who could address your application with the CISM team

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Preferred mode of contact: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Preferred mode of contact: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Preferred mode of contact: \_\_\_\_\_

**Optional Information:**

Marital Status: (circle one) Single / Married / Divorced / Separated

Children: Yes / No If yes, Ages: \_\_\_\_\_

**Education:**

High School: Yes / No

Number of College Years: \_\_\_\_\_ Degree? Yes / No

College Major: (if applicable) \_\_\_\_\_

**Any Other Information/Comments?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Attach or submit a copy of your driver's license, letter of agency affiliation and support, and CISM training certifications\*\*\***

**Return this application to:** Thomas Jefferson EMS Council  
ATTN: CISM Administrative Coordinator  
400 Martha Jefferson Dr., Ste. 100  
Charlottesville, VA 22911  
Phone: (434) 295-6146  
Fax: (434) 295-2009

For Official Use Only:

Date Application Received: \_\_\_\_\_ Membership Comm. Review: \_\_\_\_\_

Applicant Outcome: Approved / Denied - Date: \_\_\_\_\_

ID Card Issued? Yes / No - Date: \_\_\_\_\_

Team Manual Issued? Yes / No - Date: \_\_\_\_\_

-----  
Date of Separation: \_\_\_\_\_

ID Card & Other CISM Identifying Material Returned? Yes / No - Date: \_\_\_\_\_