

**MEMBERSHIP APPLICATION**

1. PERSONAL INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_  
(No. and Street) (City) (Zip)

Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_  
(Car/Pager) \_\_\_\_\_ (Fax) ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_  
(No. and Street) (City) (Zip)

email address: \_\_\_\_\_

2. EDUCATION: (List most recent first)

<u>Institution</u>	<u>Program/Major</u>	<u>Date</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. EMPLOYMENT INFORMATION: (List most recent first)

<u>Place</u>	<u>Job Description/Responsibilities</u>	<u>Length of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. MEMBER IN EMERGENCY SERVICE ORGANIZATIONS? (List names/dates)

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5. PARTICIPATION IN COMMUNITY ACTIVITIES: (List names/dates)

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6. SUPPLEMENTAL INFORMATION:

(a) List and describe any formal training you have received in stress management, crisis intervention, post traumatic stress disorders, counseling, etc. List and describe any related workshops or conferences.

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(b) Have you ever experienced a critical incident? YES or NO? If YES, describe what happened.

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How did you feel about the incident?

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Describe what action(s) you took to cope with the incident.

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(c) How did you hear about the Crisis Response Team?

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(d) Why do you want to be a member of the CISD Team?

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(e) What assets do you feel you could bring to the process if you were a team member?

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7. Comments or additional information about yourself that will aid in the CISD Team selection process (including special abilities):

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8. How much flexibility do you have to go on a debriefing on a 12-36 hour notice?

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9. List stress management techniques you have used effectively.

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10. List three (3) references that can address your work in counseling or could support your role on this team.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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11. List any foreign languages you are able to use for debriefing (including sign-language):

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**RELEASE OF INFORMATION**

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize any representative of the Oakland County Crisis Response Team, bearing this release, to obtain information regarding my background. I understand they will utilize the Law Enforcement Information Network to check traffic, criminal, warrants, and any other check deemed necessary to authorize clearance for the Oakland County Disaster Response Team. I hereby release you, the institution, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

**\*\*\* PLEASE PRINT \*\*\***

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATES RESIDED IN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*\*\* PLEASE DOUBLE CHECK THAT THIS FORM IS COMPLETE \*\*\***