E.U.P. CRISIS RESPONSE TEAM

c/o 315 Walnut Street, Manistique, MI 49854
906-341-2839 or 906-286-2839

TEAM MEMBER INFORMATION

Name: _____ Date: _____

Address: _____

_____

Phone: (Please number in order we should call)

(Home) _____ (Work) _____

(Pager) _____ (Cell) _____

Employer: _____ Position: _____

Would your employer allow you to be called away from your regular duties if you are requested to do a debriefing? _____ Yes _____ No _____ Unsure

What hours do you usually work? _____

E-mail address _____

Would you like to receive meeting notices via e-mail? _____ Yes _____ No

List prior positions held relevant to emergency services or counseling:

Dates Where Position Reason for Leaving

_____

_____

_____

_____

What Critical Incident Stress Debriefing/Crisis Intervention/Stress Management training have you had? (Include when where, and who did the training). List whether Basic or Advanced Certification(s) and date of certification(s) (CISM funding requirements).

_____

_____

_____

E.U.P. CRISIS RESPONSE TEAM
Team Member Information – page 2

Do you know any foreign languages or sign language? _____ Yes _____ No

What language(s)? _____

Most people experience a traumatic event in their life.
What incident was most traumatic for you and why?

_____

_____

Were you ever a part of a debriefing and if so, was it helpful? _____

_____

How did you hear about the E.U.P. Crisis Response Team? _____

_____

Why do you want to be a member of the Crisis Response Team? _____

_____

List positive attributes that would make you an asset to the team. _____

_____

Which roles would apply to you?

_____ Medical First Responder
_____ EMT
_____ Paramedic
_____ Dispatch
_____ School Personnel
_____ Clergy
_____ Other _____

_____ Law Enforcement
_____ Firefighter
_____ Nurse
_____ MD/DO
_____ Mental Health Worker
_____ Team Support (not a debriefer, help in other ways)

E.U.P. CRISIS RESPONSE TEAM
c/o 315 Walnut Street, Manistique, MI 49854
906-341-2839 or 906-286-2839

REFERENCES

Please list three people who can comment on your potential to be an asset to the Crisis Response Team, based on direct knowledge of you.

If you are a current mental health/school employee, please list your supervisor as one of your references.

NAME TELEPHONE RELATIONSHIP/How Long

_____

_____

_____

By signing this, you are giving the E.U.P. Crisis Response Team Executive Board permission to contact your references.

_____
Signature Date

MEMO OF UNDERSTANDING

MEMBERSHIP POLICIES

As a member of the Eastern Upper Peninsula Crisis Response Team, I agree to provide services to the team for a minimum of one year. I also agree to abide by all the rules and regulations, policies and protocols of the Team.

SEXUAL HARASSMENT POLICY

I have read fully and understand this Sexual Harassment Policy. I hereby agree to follow this policy throughout all areas of the EUPCRT activities to include but not limited to debriefings, meetings, and training areas.

CONFIDENTIALITY POLICY

I acknowledge that I have been informed of the confidentiality regulations of this program. Furthermore, I fully understand and agree to abide by them. Should I violate one or more of these regulations, intentionally or unintentionally, I understand that I would be subject to immediate removal from the EUPCRT with no release from full financial responsibilities and obligations to the EUPCRT.

Recipient Confidentiality:

1. I understand that I will be in direct contact in debriefings, defusing, etc., and will see and hear information of a private and confidential matter. I agree to retain this information and disclose it to no one except in the course of duty as an EUPCRT Member. The only exception to this is mandatory reporting situations, as required by law.
2. I understand that I might have access to information concerning recipients of the debriefing and/or defusing process. I agree without exception to retain all information I read and hear as private and confidential, and will release this information to no one except in the course of duty as an EUPCRT Member.
3. In the event that I am requested to make a statement concerning a particular Recipient's case, I understand that I am to abide by EUPCRT protocols governing confidentiality. I will release no information to anyone without specific verbal and/or written approval from the EUPCRT Executive Board. Any statement(s) made will be done in an appropriate and professional manner.

_____ _____

Signature Date

_____

Printed Name