



1944 Peters Creek Road
ROANOKE VA • 24017-1613

540.562.3482 • 800.972.4367 • Fax 540.562.3488
western@vaems.org

MEMORANDUM

TO: CISM Candidates for Team Membership

FR: Mary Jones, Team Administrator

RE: Application and Training

Thank you for your interest in the Western Virginia EMS Council's Critical Incident Stress Management team. A team application is included in this document.

It is not necessary to have completed CISM basic training prior to submitting your application. However, training is required prior to participation in a debriefing. There are several opportunities to obtain basic training each year, generally including a track at the Virginia EMS Symposium in November of each year.

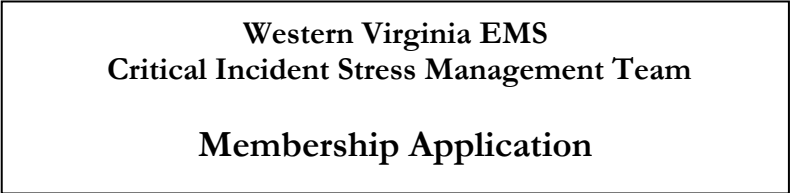
The team generally requires members to be trained within one year of acceptance to the team. This can be somewhat flexible due to the limited number of State-recognized training opportunities.

The Western Virginia CISM Team meets on a quarterly basis. Currently we meet during the months of January, April, July and October. Meeting participation is required. The meetings are typically held in the Roanoke area in the evenings.

Once your application is received, it will be forwarded to a team member in your area for an interview. Acceptance is based upon on the need and recommendation of the interviewer. Recommended applicants will be considered by the full team at its next regularly scheduled meeting. You will be notified of the outcome following the meeting.

If you have any questions or desire additional information, please feel free to contact me, or the Western Virginia EMS Council office (540-562-3482 or 800-972-4367). My email address is wvemscism@gmail.com. We look forward to receiving your application.

Enclosures



- ☐ *Mental Health Professional*
- ☐ *Peer Debriefer*

<i>Name:</i>	
<i>Address (home)</i>	
<i>City, State, Zip</i>	
<i>Phone (home)</i>	
<i>Address (work)</i>	
<i>City, State, Zip</i>	
<i>Phone (work)</i>	
<i>Pager Number</i>	
<i>E-mail address</i>	
<i>Mobile Phone Number</i>	
<i>Other contact numbers & methods</i>	

<i>Institution</i>	<i>Degree Date</i>	<i>Degree</i>

<i>Employer</i>	<i>Job Description/ Responsibilities</i>	<i>Duration</i>
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IV. Membership in Professional Organizations: <i>(Names and Dates)</i>	
Organization Name	Dates

V. Participation in Professional & Community Activities: <i>(Names and Dates)</i>	
Organization Name	Dates

VI. Supplemental Information: <i>(Sections 1-8)</i>
1. List and describe any formal training you have received in stress management, crisis intervention, counseling, etc. List and describe related conferences.
2. Describe any participation you’ve had in counseling sessions either personally or with clients.

3. Describe yourself as you see yourself.
4. Describe yourself as you think others see you.
5. Describe your problem solving process.
6. Identify areas in your own life that you feel need or needed a debriefing.
7. Describe how you see others dealing with stress.
8. Why do you want to volunteer to become a CISM team member?

VII. Emergency Services Relationships:
1. <i>Describe your past experiences with Emergency Medical Services.</i>
2. <i>How did you hear about the WVEMS Critical Incident Stress Management Team?</i>

VIII. Any comments or concerns:

IX. References: <i>List three references who can address your work in counseling or could support your role on this team.</i>			
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>
1.			
2.			
3.			

Please return this application to:

Western Virginia EMS Council
1944 Peters Creek Road, NW
Roanoke VA 24017-1613

- *Attach a letter of recommendation from your supervisor/ Chief.*
- *Attach a copy of your Basic CISM Training certificate if the training has already been completed.*
- *Mental health applicants, please attach a evidence of your advanced degree*
- *If you do not have an advanced degree in psychology, social work, psychiatric nursing, counseling, or other related discipline, please provide copies of transcripts, certificates, or other evidence of your educational experiences.*