

Tennessee Emergency Service Chaplains Association
Crisis Response Team
Application Process

1. Complete the attached application.
2. Complete the Basic and, preferably, Peer CISM training class.
3. Have certification as a mental health care provider, be a member of the clergy, or involved with Emergency Services for a minimum of 2 years.
4. Submit letters of recommendation:

Emergency Services personnel must submit a letter of recommendation from 2 officers/supervisors in their respective department, and one character reference.

Mental health providers must provide 2 letters of reference from professionals in their field and one character reference.

Clergy members must submit 2 letters of reference from fellow clergy members and one character reference.

Please send the completed application packet with reference letters, memo of understanding, and copies of ICISF training certificates to:

**TESCA Crisis Response Team
Membership Applications
908 Kimberlin Heights Road
Knoxville, TN 37920-8926**

**Tennessee Emergency Service Chaplains Association
Crisis Response Team
Member Application**

<i>Personal Information</i>			
Name:			
Address:			
City:	State:	Zip:	
Contact Information	E-mail Address:		@
Home Phone:		Work Phone:	
Pager:		Cellular:	
Do you currently have a valid drivers license: Yes: No:			
State:	Class:	Number:	
<i>Emergency Contacts</i>			
Name:		Relationship:	
Address:			
City:	State:	Zip:	
Phone Information			
Home:		Work:	Cellular:
Name:		Relationship:	
Address:			
City:	State:	Zip:	
Phone Information			
Home:		Work:	Cellular:
<i>Do you have or have you ever had an Emergency Services Affiliation?</i> Yes: No:			
Name:		Supervisor:	
Address:			
City:	State:	Zip:	
Phone:	Length or Service:	Years:	Months:

**Do you have or have you ever had an
Emergency Services Affiliation?**

Yes: No:

Name:

Supervisor:

Address:

City:

State:

Zip:

Phone:

Length or
Service:

Years:

Months:

Are you a Mental Health Professional?

Yes: No:

Degree:

Do you hold any other certifications:

Yes:

No:

Type:

Business Name:

Address:

City:

State:

Zip:

Phone:

Are you a member of the Clergy?

Yes: No:

Denomination:

Church Name:

Address:

City:

State:

Zip:

Phone:

Do you have any
CISM training: Yes: No:

Basic

Advanced

Peer

In accordance with ICISF regulations and TESCA CRT protocols, you must attach copies of all International Critical Incident Stress Foundation (ICISF) training certificates.

References (minimum two non-family members)

Name:

Address:

Zip:

City:

State:

Phone Information

Home:		Work:	
Pager:		Cellular:	
Name:			
Address:			
City:		State:	Zip:
Phone Information			
Home:		Work:	
Pager:		Cellular:	
Have you ever been convicted of any offences other than traffic violations?			
Yes:		No:	
If yes, explain:			
Briefly describe why you would like to be a member of the Crisis Response Team:			
I have read the above statement and the information supplied on this application is true. I hereby authorize and request any and all of my references that I have named to furnish any and all information concerning my training, experience, and personal background. I hereby release such persons from any and all liability by reason of furnishing such information. I also understand that any misrepresentation or omission of facts requested in this application may be cause for revocation or suspension of membership. I further understand that completion of this application does not insure me of acceptance for membership.			
Signature:		Date:	
For Administrative Use Only			
Date Received:		Date Reviewed:	
Date Interviewed:			
Accepted:		Denied:	
Interviewers Signature:			

TENNESSEE EMERGENCY SERVICE CHAPLAINS ASSOCIATION

CRISIS RESPONSE TEAM

MEMO OF UNDERSTANDING

I, _____ the undersigned agree to serve as a volunteer team member with the TESCA Crisis Response Team for a minimum period of one year. I understand that serving as a team member requires the following commitment:

1. Attend a mandatory three-day training session as scheduled.
2. Schedule at least 16 hours of ride along experience with emergency service agencies for mental health professionals.
3. Participate in a reasonably active level in debriefings and in-service presentations when scheduled and assigned.
4. Attend team meetings and meet the attendance requirement (3 per year).
5. Complete required records of activities including records of expenses incurred during debriefings. Also submit the total number of hours engaged in the team activities.
6. Maintain strict confidentiality regarding CISM activities, including topics discussed and personnel involved. Any breach in confidentiality will result in immediate removal of the individual from the team and the program.
7. Abide by the established team protocols and operational guidelines.

The TESCA Crisis Response Team agrees to the following commitments to team members:

1. Organize three-day training session for new members.
2. Provide administrative support.
3. Provide, if necessary, crisis intervention for members.
4. Reevaluate the team operation and personnel each year.
5. Maintain quality in performance standards.
6. Maintain that all crisis intervention activity done by the TESCA CRT remain on a voluntary only basis.

I have read and understand these commitments and agree to serve as a team member for the TESCA CRT for a one-year period.

(Signed) _____ Date _____

The TESCA CRT agrees to provide to CISM Team Members the above commitments.

(Signed) _____ Date _____