

# OKLAHOMA CRISIS RESPONSE NETWORK MEMBERSHIP APPLICATION FOR INDIVIDUALS

**Important: Please type or print legibly!**

Note: Please feel free to add pages to this application, if necessary, to fully answer all questions. In addition, you may attach your resume or curriculum vita if you wish.

I. Personal Data

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

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

Phone No.: \_\_\_\_\_ Fax No \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Pager No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No. : \_\_\_\_\_

Supervisor: \_\_\_\_\_

How long in current position: \_\_\_\_\_

How long with current employer: \_\_\_\_\_

II. Training

For each training course, please list dates attended, location and trainer. Attach certificates, if available, to application. If necessary, please use additional sheets to list all relevant training.

CISM Training

---

---

---

---

---

Other relevant specialized/professional training

---

---

---

---

---

---

---

---

## OCRN PEER SUPPORT AGREEMENT

I, \_\_\_\_\_ agree to serve as a volunteer for the OCRN's Critical Incident Stress Management team (CISM) for a minimum period of one year.

I agree to work as a peer support\_\_\_\_\_, mental health\_\_\_\_\_ and to focus on the following.

-

Law-enforcement\_\_\_\_\_, Fire-Rescue\_\_\_\_\_, EMS\_\_\_\_\_, School\_\_\_\_\_,  
Emergency Room\_\_\_\_\_. (Check each item that applies).

### **I understand that serving as a member requires the following commitments:**

1. Approval of my application for membership
2. Completion of a two-day Basic CISM training session prior to being able to participate in a debriefing.
3. Maintaining strict confidentiality regarding every CISM intervention. I understand that any breach of confidentiality will result in immediate termination, with the opportunity for appeal, from the Advisory Board.
4. Abiding by the established OCRN by-laws.

### **OCRN agrees to provide the following to each member.**

1. Continuing education regarding critical incident stress management.
2. Support following strenuous or extended crisis interventions.
3. Quality and performance standards for all CISM activities.
4. Current information regarding team status and performance records at the annual CISM meeting.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, OCRN Signature

\_\_\_\_\_  
Date