

Oklahoma Crisis Response Network Application for Team Membership



I. Team Administration

Team Name _____

Team Phone (emergency) _____ (non-emergency) _____

Team Address _____

Sponsoring Agency(s) _____

Clinical Coordinator _____

Administrative Coordinator _____

II. Team Training (Please attach a training schedule and detailed outlines of all course content)

Dates, location & instructors _____

Dates, location & instructors _____

III. Service Area

What area(s) do you plan to serve? _____

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IV. *Team Members

Name and Title	Agency	Date Trained
Mental Health		

Law Enforcement

Fire Services

EMT or Paramedic Agencies

School

Hospital, Emergency Room

* Team members may appear in more than one category

Section V continues on next page

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V. Membership Selection

Please describe your membership selection process.

Written application _____
Application Review only _____
Interview _____
Reference check _____
Other (please describe) _____

VI. Range of Services

Do you serve the following groups?	Yes	No
Law Enforcement	_____	_____
Fire	_____	_____
EMS	_____	_____
Hospital Staff	_____	_____
Schools	_____	_____
Other (please specify) _____	_____	_____

VII. Please attach team protocols

VIII. Please attach training schedule and detailed outlines for all course content.

Signature

Date