

WESTERN NEW YORK STRESS REDUCTION PROGRAM, INC.
3359 BROADWAY
CHEEKTOWAGA, NEW YORK 14227

To: Persons Interested in Becoming Critical Incident Stress Management (CISM) Team Members
From: The Western New York Stress Reduction Program, Inc.
Subject: Application Process

Applications are now being accepted for membership on the Western New York Stress Reduction Program (WNYSRP) Critical Incident Stress Management (CISM) team. *Completed* applications must be returned to the WNYSRP office along with:

- A letter of recommendation from your agency director, chief, or other supervisory level individual; letter must indicate agency support for your membership on the team.
- A personal reference that attests to your suitability in providing CISM services.

WNYSRP will screen applications, conduct interviews, and select members.

Emergency services workers (e.g., police, fire, EMS, dispatch) and individuals with a strong background in chaplaincy, counseling, social work and/or psychiatric nursing, will be considered for membership.

Requirements for team members include:

- Participation in 50% of quarterly team meetings
- Adherence to policy regarding confidentiality
- Use of intervention methodologies approved by WNYSRP
- Compliance with WNYSRP Policies and Procedures
- Participation in minimally one intervention per year
- Participation in three ride-alongs (e.g., with police, fire, and EMS) is required for candidates who are not emergency responders

Membership on the team is voluntary. Volunteers receive no honoraria for participation in interventions, team meetings, or training sessions, nor will liability insurance be provided. Volunteers do, however, receive tremendous satisfaction providing support, reassurance, and comfort to dedicated emergency service workers experiencing critical incident stress. The WNYSRP welcomes applications from those wishing to devote their time, energy, and talent in providing CISM services.

Questions are encouraged and may be directed to Gloria Grant-Dalfonso at 681-6070.

WESTERN NEW YORK STRESS REDUCTION PROGRAM, INC.

**Critical Incident Stress Management Team
Member Application**

I. Indicate your Discipline: *Check all that apply*

- Police Firefighter EMT/Paramedic Dispatch
 Corrections Pastoral/Clergy Military Health/Hospital
 Mental Health Other – Specify _____

II. Personal Information

Name: _____

Home Address: _____

City/State/Zip: _____

Employer: _____

Work Address: _____

City/State/Zip: _____

Phone Numbers: *Home:* *Office:* *Mobile:* *Pager:*

Email: _____

III. Education *List most recent first*

<i>Institution</i>	<i>Date Completed</i>	<i>Degree</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Employment Information *List most recent first*

<i>Employer</i>	<i>Position/Responsibilities</i>	<i>Dates of Employment</i>

V. Membership in Professional Organizations

<i>Name of Organization</i>	<i>Dates of Affiliation</i>

VI. Volunteer Experience

<i>Name of Organization</i>	<i>Description of Responsibilities</i>	<i>Dates of Volunteerism</i>

VII. Training *List formal training in CISM, Stress Management, Crisis Intervention or related topics*

<i>Training Topic</i>	<i>Hours</i>	<i>Presenter/Sponsoring Agency</i>	<i>Date</i>

VIII. Stress Management *Describe how you manage your own stress*

IX. Emergency Services Relationships *Describe past experience with emergency responders*

X. Strengths *Describe your strengths and what you can offer the team*

XI. Growth Areas *Describe your personal/professional goals and desired growth areas*

XII. Interest in WNYSRP CISM Team *Describe why you want to become a WNYSRP Team Member*

XIII. References *List three references who support your candidacy*

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>

Please return *completed* application to:

Gloria Grant-Dalfonso
Western New York Stress Reduction Program
3359 Broadway
Cheektowaga, New York 14227

Completed applications must include:

- A letter of recommendation from your supervisor/chief
- A personal letter of reference from someone who can attest to your suitability to provide CISM services
- Copies of your certificates of completion for the CISM: Individual Crisis Intervention & Peer Support and CISM: Group Crisis Intervention courses
- A copy of advanced degrees/certifications is required for behavioral health providers