

# North County REMSCO Northern New York Critical Incident Stress Management Team

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## Membership Information

Applications for membership into the North Country REMSCO Northern New York Critical Incident Stress Management Team (NNYCISM Team) are accepted from individuals meeting the following criteria.

### Prerequisites for Consideration of Membership

- Maintain a residence in Jefferson, Lewis, or St. Lawrence County
- Complete a Basic CISM training course
- Be a current, active member of an emergency service organization, i.e., fire, rescue, search, law enforcement, dispatch, EMS, hospital, or an active mental health provider in one of the above counties
- A minimum of three years' experience in one of the above related fields
- Physically and mentally capable of performing assigned CISM duties

### Additional Conditions for Maintaining Membership

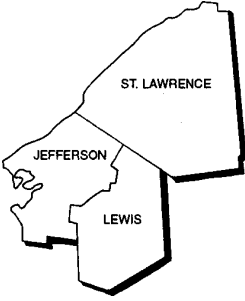
- Serve a probationary period of at least six months
- Abide by the By-Laws, mission statement and operating procedures of the North Country REMSCO NNYCISM Team.
- Philosophies of care change and it is important that we keep up with these changes by attending Continuing Education programs as they become available. These training programs will be supported by the North Country REMSCO whenever possible.

Membership on the team is voluntary and you will receive reimbursement for your mileage when participation in debriefings, team meetings or training. If you feel that you wish to devote some time, energy, and talent to the CISM Team we welcome your application.

The team accepts applicants in a non-discriminatory manner without regard to gender, gender identity, sexual orientation, race, religion, culture, ethnic, or national origin.

Upon receipt of an application, the governing body will review the application and communicate its status to the applicant.

If you have questions about this program, please contact the county CISM Team Coordinator at 315-786-2601. The appropriate team member will get back with you in a timely manner.



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## Membership Application

Check appropriate category:  Mental health Professional  Peer

### Personal Information

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

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

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

Physical Address: (If different) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best Number to reach you: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a driver's license?  Yes  No If "Yes" Which State: \_\_\_\_\_

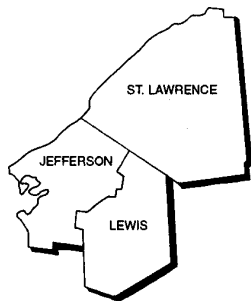
### Agency Information

Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



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## Emergency Services Experience (Agency(s) years of service, position)

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## Training and Education Information

Certificate/License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Academic Degree(s) \_\_\_\_\_ Institution \_\_\_\_\_

Graduation Date \_\_\_\_\_ Military Experience \_\_\_\_\_

## Community Activities and Professional Organizations

Organization Name and describe duties

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## Additional Skills or Life Information

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## Employment Information

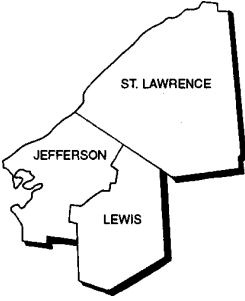
Work: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Years at employer: \_\_\_\_\_ Position: \_\_\_\_\_



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## Professional Reference Information

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

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

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

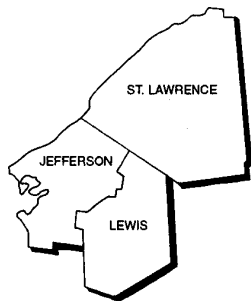
Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Reference Release

I, \_\_\_\_\_, hereby authorize the North County REMSCO Northern New York Critical Incident Stress Management Team to contact my references as listed above for the purposes of a background check to determine my suitability as a team member. This release is effective for a period of twelve (12) months from the date below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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Have you ever been suspended, disciplined, or permitted to resign in lieu of termination from any job/ organization? If yes, please explain: \_\_\_\_\_

Have you ever been suspended, censured, had restrictions on your ability to clinically practice, or otherwise reprimanded or disqualified as a member of an EMS, Fire or Law Enforcement profession, or another profession or as a holder of public office? If yes, please explain: \_\_\_\_\_

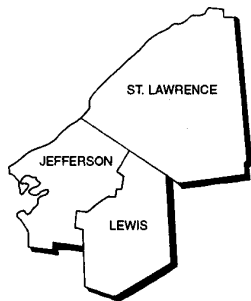
Have you ever had a judgement against you in any civil or administrative proceeding or any proceeding where you were disciplined or found guilty of fraud, deceit, misrepresentation, forgery, or malpractice? If yes, please explain: \_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony offenses? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_

Does your schedule permit you to respond to an emergency call within 8 hours or less?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify your limits to respond to a crisis, i.e., time, distance, work, family, etc.

Have you ever participated in a CISM activity? Yes \_\_\_\_\_ No \_\_\_\_\_



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Please describe your experience in crisis intervention: \_\_\_\_\_

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What strengths do you feel you would bring to the North Country NNYCISM Team?

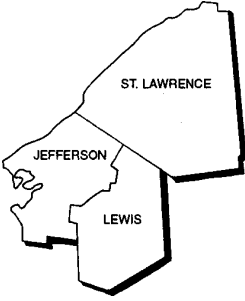
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Please check all categories in which you have professional or volunteer experience with specific populations and the number of years in each.

### Additional Skills

- Foreign languages (specify) \_\_\_\_\_
- American Sign Language
- Suicide/Homicide investigations
- Educator training
- Media
- Other: \_\_\_\_\_



# North Country REMSCO Northern New York Critical Incident Stress Management Team

To process your application as quickly as possible, we must have **all the following documents:**

- Completed & signed application
- Three professional references. **Note:** Letters of references will not be accepted
- Proof of completion of a Basic CISM training course, Mental Health professionals please attach license
- Proof of all certifications and licensures
- Signed permission for reference check
- Proof of current residence and 3 years of combined experience in the Emergency Services or Mental Health Field

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this application, I acknowledge that the information contained herein is, to the best of my knowledge, true and correct. I am providing this information for the purpose of consideration for the North Country REMSCO Northern New York Critical Incident Stress Management Team membership. I also acknowledge that I have not been arrested and/or convicted of drug or alcohol abuse, physical or sexual abuse, or any felonies. I understand that this application will remain the property of the North Country REMSCO Northern New York Critical Incident Stress Management Team.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Please return application to [CISM@fdrhpo.org](mailto:CISM@fdrhpo.org) or mail to North Country REMSCO 120 Washington Street, Suite 230, Watertown, NY 13601

Accepted/Denied Date \_\_\_\_\_