



Northern Illinois Critical Incident Stress Management Team
P.O. Box 5234, Elgin, IL 60121-5234 1-800-225-CISD (2473)
www.ni-cism.org info@ni-cism.org

Dear Prospective Applicant,

Thank you for your interest in the Northern Illinois Critical Incident Stress Management Team. As a team, we continue to fine-tune our skills and have an excellent depth of dedicated and talented members from which to draw upon within the nine-county area that we serve. We are called out to respond to an incident approximately every 4.5 days (on average) and are established as one of the busiest teams in the United States.

If you wish to be considered as a team member, please:

- 1) Complete the attached application form
- 2) Two letters of reference. It is preferable that one of the two letters be from your current employer.
- 3) Submit photocopy(s) of CISM training previously completed. It is a membership requirement to complete Mitchell's "Group Crisis Intervention" (formally Basic Critical Incident Stress) Course.
- 4) **Mental Health Professionals**: Please include a copy of your current clinical license and malpractice insurance.
- 5) **For Chaplains**: Please submit any clinical pastoral education [CPE] completed, a copy of your minister's license or ordination, an endorsement from your denomination, and any additional certifications that you may have).

When **all** these materials have been received and completed as requested, a joint interview will be scheduled for you with a team mental health professional and a team peer counselor at a reasonable time in the near future. Any incomplete application will not be considered.

As a representative of the team I look forward to collaborating with you soon. Again, thank you for your interest and commitment in this field. As soon as your application packet is completed, I will be contacting you to set up an interview time. You will be asked to come to a team meeting for interview purposes. Our team meets once of every even numbered month.

Sincerely,

Jill Brady

Membership Coordinator
Northern Illinois CISM Team

There is no need for you to contact the team at this point. Please send your completed application to my attention at the following address:

Jill Brady, Membership Coordinator
Northern Illinois CISM Team
4279 Pebble Beach Drive
Longmont, CO 80503
847-668-9759



Application Check-List

I have completed the following tasks to prepare my application for review by the Northern Illinois Critical Incident Stress Management Team:

- NICISM Membership Application
- Letters of Reference from two (2) individuals who are familiar with my professional capabilities are enclosed.
- Group Crisis Intervention (formally Basic CISM) Course:

I have taken the Group Crisis Intervention CISM Course (certificate of completion attached)

Or

I am scheduled to take the Group Crisis Intervention CISM Course on:

_____ (please provide proof of enrollment)

- ***Mental Health ONLY***: Copy of Current Licensure and Malpractice Insurance
- ***Chaplains ONLY***: Copy of any CPE completed, endorsement from your denomination and/or your Minister's Certificate.

Please submit the ***original copy*** of this application check-list as the cover of your application materials (please retain a copy for your files), and mail to: **Jill Brady, Membership Coordinator, Northern Illinois CISM Team, 4279 Pebble Beach Drive, Longmont, CO 80503.**

Please Note: Only applications completed in their entirety will be considered for membership. Incomplete applications will not be reviewed.

If you have any questions, please email **Jill Brady** at: membership@ni-cism.org



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Membership Application

PERSONAL INFORMATION:

Name: _____

Address _____

City _____ State _____ Zip _____

Phone

Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

E-mail: _____ @ _____ . _____

EMPLOYMENT INFORMATION (Feel free to enclose a professional resume)

Current Position: _____

List three positions relevant to Emergency Services or Counseling (begin with present position):

| <u>Date & Location</u> | <u>Job Description/Title</u> | <u>Reason for Leaving</u> |
|----------------------------|------------------------------|---------------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

Outside of your profession, what activities are you currently involved with or anticipate involvement with in the next year?

ADDITIONAL INFORMATION:

A) Have you ever needed the assistance of Emergency Medical Services or other Emergency Personnel?

B) What happened? _____



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C) How did you feel about the encounter? _____

What exposure have you had to emergency medical situations, psychological crises, multiple trauma, line of duty death (LODD) or mass casualty incidents?

Do you have any experience in providing any of the following (include a description, type(s) of client(s), and amount of direct services time spent in this area)?

🕒 Individual Counseling: _____

🕒 Small Group Work: _____

🕒 Stress Management: _____

🕒 Training and/or Education in other areas (please specify): _____

How did you hear about the Northern Illinois Stress Management Team (NICISM)?



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Why do you want to be a member of the NICISM Team?

What assets do you think you would bring to the team if you were a member?

What areas concerning CISM do you think you would need additional education/training if you were a team member?

Describe how you see yourself.

What comments or additional information would you like us to have about you to aid us in the selection process?

How much flexibility do you have to go on debriefings with 24 – 48 hours notice?

List effective stress management techniques that you have utilized for yourself:



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EDUCATION: Please list the most recent first.

| * Institution / Seminar Course Work | Date(s) | Sponsor / Agency | Degree |
|-------------------------------------|---------|------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

(*) This area is for education beyond high school.

The team will not discriminate for membership on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical challenge or any other preference or personal characteristic, condition or status.

NOTE: PLEASE DO NOT USE TEAM P.O. BOX for application process!! SEND all completed applications, licensure, reference letters (2 required) & copies of CISM training(s) to the following address: **Jill Brady, Membership Coordinator, Northern Illinois CISM Team, 4279 Pebble Beach Drive, Longmont, CO 80503.**