

TENNESSEE PUBLIC SAFETY NETWORK

**Critical Incident Stress Debriefing
Team Membership**

CORRECTIONS STAFF PEER APPLICATION

PERSONAL INFORMATION

Name: _____ (Male)____(Female)_____

Address: _____(City)_____ (Zip)_____

Contact #s: (Work)_____ (Cell)_____

(Home)_____ (Fax)_____

Email address: _____

Employer: _____

EDUCATION – List most recent first

<u>Institution</u>	<u>Program/Major</u>	<u>Date</u>	<u>Degree/Certification</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT INFORMATION – List most recent first

<u>Place</u>	<u>Job Description/Responsibilities</u>	<u>Length of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIP IN LAW ENFORCEMENT ORGANIZATIONS

(List names and dates)

PARTICIPATION IN COMMUNITY ACTIVITIES

(List names and dates)

SUPPLEMENTAL INFORMATION

List any formal training you have received in stress management and any additional information you would like us to have about you to aid in the CISD team selection process.

How much flexibility do you have to go on a debriefing on a 24-48 hour notice?

List any stress management techniques you have utilized effectively.

List three (3) personal references that can attest to your work in law enforcement and/or can support your role on this team.

Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
_____	_____	_____
Phone Number(s)	Phone Number(s)	Phone Number(s)
_____	_____	_____

Critical Incidents Experienced

**Please indicate by checking the appropriate boxes below
critical incidents you have experienced, noting multiples in any category**

Incident	Experienced		Level of Involvement	Comments
Assault	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Inmate Death	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Serious Injury to Self	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Homicide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Suicide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Serious Injury to Co-worker(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Line of Duty Death	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Exposure to Inmate Blood/Bodily Fluids	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Riots	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Gang Related Issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Harassment/Threats from Inmates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Other (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Other (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	