



Dear Prospective Applicant,

Thank you for your interest in the Downriver Critical Incident Response Team. As a team, we continue to enhance our skills and increase the depth of dedicated and talented members serving emergency services personnel and community members in the Downriver (suburban Detroit) area.

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

- Complete the attached application form
- Provide two letters of reference. It is preferable that one of the two letters be from your current employer.
- Submit photocopy(s) of critical incident stress management training previously completed. New members are required to have completed the International Critical Incident Stress Foundation course, *Group Crisis Intervention*, prior to becoming a member. The course, *Assisting Individuals in Crisis*, is optional for initial membership but required within the first year of membership.
- Mental Health Professionals:** Please include a copy of your current clinical license and professional liability insurance. Leave blank if not applicable.
- Chaplains:** Please include a copy of your minister's ordination, license, or commission issued by your church or denomination, and any additional certifications that you may have. Leave blank if not applicable.

Once the required documents have been received, a joint interview will be scheduled for you with at least two current team members at a reasonable time in the near future. Any incomplete application will not be considered.

Please submit the completed application and other documentation by mail to:

David R. Edwards  
23325 Van Born Rd. PMB 30  
Taylor, MI 48180-1307

Or scan and email to: [DownriverCIRT@gmail.com](mailto:DownriverCIRT@gmail.com)



# DOWNRIVER CRITICAL INCIDENT RESPONSE TEAM TEAM MEMBER APPLICATION

## APPLICANT

NAME		DOB	ADDRESS	
CITY, STATE, ZIP	EMAIL ADDRESS		CELL PHONE	HOME PHONE

## EMPLOYMENT

CURRENT EMPLOYER	DATES	PHONE	Office Use
CURRENT SUPERVISOR	EMAIL	PHONE	

## REFERENCES

NAME	RELATIONSHIP	PHONE NUMBER	Office Use

## LET'S GET TO KNOW YOU

Please describe your qualifications relevant to critical incident stress management.

What makes you interested in joining the Downriver Critical Incident Response Team?

What other gifts and talents do you have to offer the Team?

\_\_\_\_\_  
**Signature** (Electronic Signature is Acceptable)

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# PERMISSION TO OBTAIN BACKGROUND CHECK

I certify that all information provided in this application is true and complete, and I understand that any false information or omission may disqualify me from further consideration and may result in my removal if discovered at a later date.

By signing below, I authorize Downriver Critical Incident Response Team, its representatives or independent contractors to procure background information including but not limited to driving records, state and federal criminal and civil records, and state and federal sex offender records. I authorize any references or employers listed in this application to provide information, including opinions, that they may have regarding my character and fitness for service.

Aliases or former last name(s) \_\_\_\_\_

Identifying scars, marks, or tattoos \_\_\_\_\_  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

*This area to be completed by Downriver C.I.R.T. Staff*

Background verified \_\_\_\_\_  
Print  OTIS  PSOR  ICHAT Sign \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Approval:  Yes  No

Background:  Yes  No

Date:

Authority:

Additional comments: