



KENTUCKY FIRST RESPONDER PEER SUPPORT TEAM - KYFRPST



KYFRPST – APPLICATION

REQUIREMENTS

- Applicant must represent a First Responder Profession; Non-Inclusive List:
Fire, EMS, Dispatcher, Law Enforcement, Corrections, Chaplain or other.
- Applicant must have been certified through the IAFF, ICISF or other recognized Peer Support Training of at least 16 hours.
- Applicant must have a support/affiliate agency they represent or retired previously from a First Responder Profession with references.

APPLICATION PROCESS:

This Is a 4-phase application process:

- Phase I- Applicant receives and completes the application.
- Phase II-Application is reviewed and processed by the Kentucky First Responder Peer Support Team Leadership
- Phase III-Applicant may be requested to be interviewed.
- Phase IV- Applicant receives an invitation to join the Kentucky First Responder Peer Support Team

Please send the completed application to:

KYFRPST Leadership

777 Overlook Drive

Crescent Springs 41017

Scanned Applications can be sent to: kyffps@gmail.com



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Personal Information:

Name: _____ Birth date: _____

Address: _____ City: _____

Zip: _____

Phone: c: (_____) _____ w: (_____) _____

Email: _____

Emergency Contact: _____ Phone # (____) _____

Preferred method of communication: _____

Best time of day to be reached: Morning Afternoon / Evening _____

Employer Information:

Employer: _____

Job Title: _____ Yrs. of experience: _____

Director or Department Head: _____

City . State . Phone .

Education Level (circle highest level):

High school 9 10 11 12 College 13 14 15 16 Postgraduate 17 18 19 20

Highest Degree Attained _____

Peer Specific Training Classes: IAFF ICISF Other .

Please include certificates awarded with application.

Which areas of Peer Support are you're interested in:

Peer to Peer Interactions – Resiliency -- Traumatic Incident Response --Training



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List three (non-family) references that members of the KYFRPST Leadership may contact for recommendations.

Name:

Email:

Phone: _____ **Occupation:** _____

Relationship:

Name:

Email:

Phone: _____ **Occupation:** _____

Relationship:

Name:

Email:

Phone: _____ **Occupation:** _____

Relationship:



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TERMS AND CONDITIONS

The KYFRPST is composed of volunteers from various First Responder Professions. Team members agree to make themselves available for co-workers without requirement for compensation from their employer. All Peers must understand and agree to the team requirements and guidelines outlined in the KYFRPST Application. If there is confusion about team requirements or guidelines, please ask a member of the KYFRPST Leadership for clarification. Any disagreement with information contained in the application should be brought to the attention of the KYFRPST Leadership Immediately.

PROCESS AND CONDITIONS OF BREACH OF CONFIDENTIALTY

The effectiveness of this program relies heavily on the integrity of the KYFRPST Members and the reputation they maintain. If the KYFRPST Leadership is notified of a suspected or potential breach of confidentiality or violation of a team policy, a review process will be conducted by KYFRPST Leadership immediately.

Review Process

A review process will begin if either one of the following allegations are brought to the attention of the KYFRPST Leadership.

- A Peer is acting in contradiction to, or has failed to adhere to KYFRPST Guidelines, Terms and Conditions, including the signed Confidentiality Agreement.

Any confirmed violation will be reviewed by the KYFRPST Leadership to determine majority agreement prior to starting the review process. The length of the review process may vary from case to case, taking unique circumstances into consideration. Upon completion of the review process, one of two possible outcomes will be determined.

- There is insufficient evidence to constitute a change to the Peer's good standing status.
- There is sufficient evidence to change the Peer's good standing status.

Depending on the nature and severity of the violation, the KYFRPST Leadership could recommend additional training for the Peer or ask them to step down. The reputation and the integrity of the team will not be compromised.

Kentucky First Responder Peer Support Team Withdrawal

The following could result in dismissal from the KYFRPST. A review process will be conducted before dismissal is recommended.

- Breach of Confidentiality.
- Any action or behavior that could diminish Team integrity or reputation.
- Failure to fulfill any of the Team obligations or responsibilities.



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Kentucky First Responder Peer Support Team Resignation

Team members may resign any time by notifying the KYFRPST Leadership in writing.

EMPLOYER MEMORANDUM OF UNDERSTANDING/APPLICATION:

An employee of your department is applying to become a member of the Kentucky First Responder Peer Support Team. Employees from all first responder professions are welcome to apply with the understanding that membership is voluntary. Each applicant is making a serious commitment to provide knowledge, support, and resources to fellow first responders. Compensation for required trainings and meetings is at your discretion. Any on or off duty peer interactions, or response to a team activation, by your employee is at your discretion. KYFRPST members must continue to adhere to departmental policies and participation should not interfere with job duties. In extreme situations, you are willing, when feasible, to relinquish this employee from his/her normal duties to respond to a peer in crisis or a large-scale disaster event. Confidentiality is imperative to the reputation of the team. Applicants require approval from their primary employer to safeguard team integrity. As an employer supporting this applicant, you attest that he/she is honest and trustworthy and is in good standing with your department.

Your signature below indicates that you fully understand the commitment being made by not only your employee, but also by you as the employer that he/she is representing with training, skills and expertise.

Employer Representative:

Signature: _____

Print Name: _____

Title: _____

Phone: _____

Date: _____

By signing this application, I have read and understood the requirements of the Kentucky First Responder Peer Support Team, including terms and conditions and confidentiality.

Applicant:

Signature: _____

Print Name: _____



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Date: _____

CONFIDENTIALITY AGREEMENT

Peer Support is a confidential program. Members shall not discuss information obtained while acting in a peer support capacity with anyone other than the Mental Health Professional or his/her designee for the purpose of mental health support unless required by law. Peer Support Team Members have a duty to report an Individual that is a "clear and present danger" to himself/herself or others. Immediate notification to the KYFRPST Leadership and Licensed Crisis Care Facility is mandatory. In some cases, calling 9-1-1 might be necessary. KYFRPST members shall not divulge information with other employees, family members, friends, supervisors or management, or the public. Identifying information on employees utilizing KYFRPST Team services or mental health referrals will never be recorded or maintained. KYFRPST members have the responsibility to inform members of their duty to report prior to or at the meeting.

By signing the confidentiality agreement, the applicant affirms their commitment to fulfill the requirements of the Kentucky First Responder Peer Support Team.

Applicant

Signature: _____

Print Name: _____

Date: _____

Reference- KRS 65.1591 Peer Support Counseling

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52501>