

Contra Costa County Public Safety Support Services



Requirements for CISM/Peer Support Membership

- Active member of a Contra Costa County Public Safety Agency in good standing
or
- Retired member of a Public Safety Agency in good standing
- Be willing to conform to the policies, rules and regulations, which apply to the CISM/Peer Support position and meet training requirements as set forth by Contra Costa County Public Safety Agency.

Application packets must include the following:

- Contra Costa County Public Safety Support Services **CISM/Peer Support Application**
- Copies of ICISF certificates:
 - Assisting Individuals in Crisis
 - Group Crisis Intervention
 - Suicide Prevention, Intervention and Postvention
 - Advanced Group Crisis Intervention.
- Copy of Driver's License
- A "**Letter of Endorsement**" from the sponsoring Public Safety Agency on agency letterhead and signed by the agency Chief or Department Head or Organizational Leaders

Applications must be complete with required documents, signed and submitted to:

apps@CCCPSSS.com



Contra Costa County Public Safety Support Services

CISM/PEER SUPPORT APPLICATION

APPLICANT INFORMATION				
Last Name		First		MI
Address				
City			State	Zip
Phone	Email			DOB
SSN	DL#			Exp
Emergency Contact			Phone	

FIRST RESPONDER AGENCY <input type="checkbox"/> Check if retired			
Department		From	To
Address			
City		State	Zip
Phone	Title/Position		
Chief/Supervisor		Email	

TRAINING-ICISF: Check all that apply	
<input type="checkbox"/> Assisting Individuals in Crisis	<input type="checkbox"/> Suicide Prevention, Intervention & Postvention
<input type="checkbox"/> Group Crisis Intervention	<input type="checkbox"/> Stress Management for the Trauma Services Provider
<input type="checkbox"/> Advanced Group Crisis Intervention	<input type="checkbox"/> Line of Duty Death: Preparing the Best for the Worst
<input type="checkbox"/> Strategic Response to Crisis	<input type="checkbox"/> Techniques for Delivering Bad News by Crisis Response Personnel
<input type="checkbox"/> Psychological First Aid	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

List other professional organizations, specialized training or certificates that may be beneficial to the position of CISM/Peer Support member with the Contra Costa County Public Safety Support Services.

Please explain why you want to be a CISM/Peer Support member for the Contra Costa County Public Safety Support Services.

REFERENCES			
Name		Relationship	
Address			
City		State	Zip
Phone		Email	
Name		Relationship	
Address			
City		State	Zip
Phone		Email	
Name		Relationship	
Address			
City		State	Zip
Phone		Email	

Contra Costa County Public Safety Support Services Association

Policy 6: Revocation & Suspension of Membership & Appeals

Membership is revocable at the discretion of the Program Coordinator, in conjunction with the Peer Review Board. Action is appropriate for, but not limited to, the following:

- Failure to maintain strict confidentiality regarding CIS interventions held, including topics discussed and personnel involved. Any breach in confidentiality will result in the immediate removal from the team and the program.
- Failure to follow all local protocols and directives regarding team or program activity.
- Organizing, or in any way attempting to organize, any type of intervention, or other CISM activity, without the Program Coordinator's, Mental Health Professionals', appropriate Section Director, or On-Call Coordinator's knowledge or approval.
- Going to the scene or place of an incident to act on behalf of the CISM Program or the Team without prior knowledge or consent of the leadership as in number three above.
- Failure to be present at an assigned event when the member has made the commitment to do so.
- Continued absenteeism at team meetings or training and/or lack of participation in team services.
- Acting against the expressed direction of the Program Coordinator, the Mental Health Professionals or the lead agency.
- Any misrepresentation of the affairs or operations of the CISM Program.
- Failure to complete required paperwork.
- Any member who displays or acts in a manner to push a personal agenda.

By signing this application I agree to all of the above. I solemnly attest that all information given is true and correct. False statements or omissions on this application are grounds for immediate discharge from the Contra Costa County Public Safety Support Services Association.

In addition, by signing this application I understand that all conversations between peer support personnel and Public Safety Employees are not privileged under the Evidence Code. I will respect the confidentiality of conversations between myself and Employees, with the following exceptions:

- **Information concerning the commission of a crime.**
- **The Employee is a danger to themselves or an immediate danger to others.**

Name (Print)

Signature

Date

SAMPLE LETTER OF ENDORSEMENT

Place on Department / Organization's Letterhead

[Date]

Contra Costa County Public Safety Support Services

Dear Program Coordinator,

As a fellow public safety agency, we can appreciate the need for a local Critical Incident Stress Management team to assist our First Responders who routinely encounter difficult and tragic situations during their shifts. With this in mind, [name of department/company] would like to contribute to the Contra Costa County Public Safety Support Services by recommending [NAME] as an active participant on the team.

[NAME] has been an employee, in good standing, with [department/company] since [month/year] and currently serves in the capacity of [job position]. [His/Her] experience as a [position] has given [him/her] the opportunity to understand what other First Responders witness on a regular basis.

In addition to [his/her] experience [NAME] has received training/certification in the following areas:

- *[Training and/or Certificate information]*
- *[Training and/or Certificate information]*
- *[Training and/or Certificate information]*
- *[Training and/or Certificate information]*

[NAME] demonstrates empathy and compassion for others; both on and off duty. [He/She] is an attentive listener, who is respectful, and understands that confidentiality is paramount. I believe these attributes, coupled with [his/her] training and experience, would provide great value to the Taskforce Team.

If you have any questions about [NAME], please feel free to contact me at [phone number or email].

Sincerely,

[Name & Title]

[Department or Company Name]