



III. Employment Information: (List most recent first)

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

IV. Membership in Professional Organizations: (List names and dates)

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V. Participation in Professional and Community Activities:  
(List names and dates)

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VI. Supplemental Information:

1. List and describe any formal training you have received in stress management, crisis intervention, counseling, etc. List and describe related conferences.

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2. Describe any participation you've had in counseling sessions either personally or with clients.

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3. Describe yourself as you see yourself.

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4. Describe yourself as you think others see you.

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5. Describe your problem solving process.

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6. Identify areas in your own life that you feel need or needed a debriefing.

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7. Describe how you see others dealing with stress.

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8. If you do not have an advanced degree (masters or higher) in psychology, social work, psychiatric nursing, or guidance and counseling, please provide a copy of your transcript(s) from your educational experience.

VII. Emergency Service Relationships:

1. Describe your past experiences with Emergency Medical Services.

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2. How did you hear about the Critical Incident Stress Debriefing Teams?

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3. Why do you want to volunteer your time with this Team?

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VIII. Any comments or concerns?

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IX. List three references that can address your work in counseling or could support your role on this team.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>RELATIONSHIP</u>
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1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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Return this application to:

**Lord Fairfax EMS Council**  
**180 Prosperity Dr. Suite 1**  
**Winchester, VA 22602**  
**540-665-0014**  
**lfems@vaems.org**