

**TENNESSEE PUBLIC SAFETY NETWORK**

**Critical Incident Stress Debriefing  
Team Membership**

**LAW ENFORCEMENT 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 who 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  
the types of critical incidents you have experienced either as an officer on the scene or  
as a dispatcher handling the call, noting multiples in any category**

Incident	Experienced		Level of Involvement	Comments
Officer Involved Shooting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Assault	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Domestic Violence	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"/>	
Accidental Death of Child	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Non-Accidental Death of Child	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"/>	
Auto Accident with Multiple Injuries/Fatalities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Physical Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
Sexual Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
SIDS Death	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"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Directly Involved <input type="checkbox"/> Dispatched Call <input type="checkbox"/>	