

MASSACHUSETTS FIRE DISTRICT 14 SPECIALTY TEAM APPLICATION



Tech Dive Fire Investigation DAT Communications CISM / Peer Support

Name: _____ Department: _____

Address: _____ City _____ Zip _____

Years of Service: _____ Current Rank: _____

EMS Level of Certification: _____

Email Address: _____ Home Phone: _____

Department Phone: _____ Cell Phone: _____

Preferred method of contact: Email Home Phone Department phone Cell Phone

I am (or have been) a member of the Massachusetts Fire District _____ (District #) Team _____ (Name of team) from _____ to _____ (Insert dates). I am completing the application package for consideration of being a member of the Fire District 14 CISM team.

Please initial each step below before submitting application:

Minimal Qualifications checked and supporting documents provided _____

Training and team Participation standards signed and dated _____

Applicant and Chief Authorization and understanding page signed and dated _____

**Send all forms and documents to: Fire District 14, P.O. Box 472, Hudson, Mass. 01742, or email to:
firedistrict14chiefs@gmail.com**

This section to be completed by District 14 Authorized representative

Application Date: _____ Date Rec by team: _____ Interview Date: _____

Disposition: _____

Team Leader Initials _____ Oversight Chief Initials _____

**MASSACHUSETTS FIRE DISTRICT 14
SPECIALTY TEAM APPLICATION**



Critical Incident Stress Management Team

Applicant Name: _____

Minimum qualifications for CISM Team application:

- Currently employed by or retired from an emergency service in a Fire District 14 community
 - Copies of all certifications must be provided with the application.
 - Please describe below other training programs that reflect CISM and Peer Support
 - (please use additional paper if necessary)

Signature: _____ Date: _____

MASSACHUSETTS FIRE DISTRICT 14

SPECIALTY TEAM APPLICATION



Critical Incident Stress Management Team

Membership & Training Requirements

Applicant Name: _____

1. All District 14 CISM Team peer members shall have a minimum of International Critical Incident Stress Foundation (ICISF) approved CISM training in Group Crisis Intervention and Individual Crisis Intervention (also known as GRIN) or Assisting Individuals in Crisis & Group Crisis Intervention. In addition, ICISF approved Suicide Prevention, Intervention, and Postvention
 - The Massachusetts Statewide Peer Support Network (MSPSN) shall annually certify all team members also referred to as the "Network" as certified emergency service providers to provide crisis intervention to emergency service providers. Said certification is valid for one year. This is a requirement for peer-to-peer confidentiality protections under Mass General Law Chapter 329, Sect. 1 "Confidentiality Law".
2. Additional training recommended completed within three years of appointment to the Team include:
 - i. Trauma and Addictions
 - ii. Line of Duty Death
 - iii. Battlefield to Street(Note: These trainings are provided by DFS and sponsored by MSPSN)
3. Completion of the following NIMS online courses in preparation for disaster response within the region by the end of the first year from appointment.
 - i. ICS-100
 - ii. ICS-200
4. All members are expected to successfully complete a minimum of four (4) hours of continuing education each calendar. Documentation of training/continuing education shall be submitted to the Team Coordinator, will be reviewed, and recorded annually.

My signature below is an acknowledgement that I have read and understand the requirements as listed.

Signature: _____ Date: _____

PRINT NAME: _____

MASSACHUSETTS FIRE DISTRICT 14

SPECIALTY TEAM APPLICATION



Applicant Name _____ Date _____

() Tech () Dive () Fire Investigation () DAT () Communications () CISM / Peer Support

Applicant: I understand that this application does not guarantee me a position on the District 14 Team checked above and that I will be following a hiring process for an open position on the team as an opening becomes available.

I have read, understand, and have signed the terms for participation on the team, including a probationary period, team training standards, team activation and participation standards. I further acknowledge that I may be removed from the team for failure to comply with these conditions as well as for failing to follow the team operations as set forth by the teams Standard Operating Procedures.

I further acknowledge that the Chief of my Department may remove me from the team for any reason without recourse to the team or Fire District 14.

Signature: _____ Date _____

Witness: _____

Fire Chief: I have reviewed the applicant information in this application packet, and I am supporting the candidate for consideration on the team. I understand that this department is solely responsible for all funds associated with the applicant to the team including, but not limited to, salary, overtime, insurance, and benefits. I further understand that the Town and the Fire Department are responsible for all injury to the individual while performing the jobs, and tasks associated with the performance of being a member of the team. As Chief of the Department, I understand that issues with unfavorable conduct and behavior with the applicant as part of the district specialty team, will be managed by me following my departments policy and procedures.

I have read, understand, and agree to the terms for participation on the team, including a probationary period, team training standards, team activation and participation standards. I further acknowledge that the candidate may be removed from the team for failure to comply with these conditions as well as for failing to follow the team operations as set forth by the teams Standard Operating Procedures.

I understand that except where voted, approved, authorized, and purchased at a public meeting of Fire District 14, all equipment to perform the job is owned and maintained by the fire department and or the individual.

Signature: _____ Date _____

Witness: _____

Print Name: _____

MASSACHUSETTS FIRE DISTRICT 14

SPECIALTY TEAM APPLICATION



CISM TEAM MEMBER

MEMORANDUM OF UNDERSTANDING

I _____, the undersigned agree that if I am selected into membership into the Mass Fire District 14 Critical Incident Stress Management (CISM) Team representing Fire District 14, that I will serve as a volunteer team member for a minimum period of one year. I understand that serving as a team member requires the following commitment and obligations:

1. Completion of the basic training requirements as outlined by the Massachusetts Statewide Peer Support Network (MSPSN).
2. Attendance at additional training sessions as may be required.
3. Completion of cross-training as may be required.
4. Attend scheduled Team meetings.(minimum attendance 60% annually)
5. Complete any required records or paperwork.

Revocation/suspension of my membership will occur under the following circumstances but is not limited hereto:

- a. If I fail to maintain strict confidentiality regarding CISM debriefings held, including topics discussed and personnel involved. Any breach in confidentiality result in immediate suspension or removal from the team and the program.
- b. If I fail to follow all local protocols and directives regarding CISM activity.
- c. If I organize or in any way attempt to organize a debriefing or other group intervention without the Program Coordinator's prior knowledge and approval.
- d. If I organize or in any way attempt to organize any CIS management activity or program without the Program Coordinator's prior knowledge or approval.
- e. If I go to the scene or place of an incident to act on the behalf of the CISM program or the Team without the prior knowledge or consent of the Program Coordinator.
- f. If I fail to be present at the assigned debriefing or activity when I have made a commitment to do so.
- g. If I act against the express direction of the Program Coordinator or Clinical Director.
- h. If I misrepresent the affairs or operations of the CISM Program.
- i. If I am habitually or continually absenting from scheduled team meetings.

I understand that selection to attend the preliminary training session does not insure me a position on the team or within the program.

MASSACHUSETTS FIRE DISTRICT 14

SPECIALTY TEAM APPLICATION



CISM TEAM MEMBER

MEMORANDUM OF UNDERSTANDING

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The Mass Fire District 14 CISM Program agrees to provide the following.

1. At least one (1) continuing education session opportunity per year.
2. A local preliminary training session. If I am unable to attend this session but still desire to be considered for team membership, I may be responsible for all, or part of the expenses incurred in securing this training. The CISM Program will provide me with the dates and times of training sessions offered in other locations.
3. Administrative support.
4. Debriefing for debriefing team members after a CISD when necessary or requested.
5. Reevaluation of the entire team operations and personnel after one year of operation.
6. Maintenance of quality standards in performance and confidentiality in personnel (team members), and operation.
7. CISD Team Member identification for each team member.
8. Team meetings as required or at least on a quarterly basis.
9. Information and updates on the topic of CIS related issues.
10. Maintenance of an exposure log and program for debriefings attended including clinical supervision and support.
11. Individual consultations as needed in support of the work as a peer.

I have read and understand these commitments and obligations and will agree, if selected, to serve as a volunteer for the MASS Fire District 14 CISM Team and abide to all protocols.

(Signature)

PRINT NAME

(Date)