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| **TEAM INF0RMATION FORM** for ICISF HOTLINE Database |

*Note: This is not the comprehensive “Team Verification Packet”*

*This is a Word fillable form and may be completed by filling in the colored fields.*

*Save file and email to* *HOTLINE@icisf.org* *or mail to ICISF, 3290 Pine Orchard Lane, Ellicott City MD 21042-2242*

*Phone: 410-750-9600 - Fax 410-750-9601*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** |       | Reporting period from |       | to |       |

|  |  |
| --- | --- |
| Team Name |       |
| Attention |       |
| Address line 1 |       |
| Address line 2 |       |
| City |       | State |       | ZIP + four |       | Country |       |
| County served |       | Other |       |

**CONTACT NUMBERS*:*** *If the team is affiliated with a* ***“Network****” and that number is the* ***primary number*** *to call, check this box* *[ ]  and list that information below*:

|  |  |  |  |
| --- | --- | --- | --- |
| Network name: |       | Number |       |

**EMERGENCY TEAM CONTACT NUMBERS:**

|  |  |  |
| --- | --- | --- |
|  | Telephone number | Person or agency |
| 1 |       |         |
| 2 |       |       |

**ROUTINE CONTACT TELEPHONE NUMBERS**

|  |  |  |
| --- | --- | --- |
|  | Telephone number | Person or agency |
| 1 |       |       |
| 2 |       |       |
| Fax Number |       | Web page |       |

|  |  |  |
| --- | --- | --- |
| **EMAIL** | **NAME** | **EMAIL ADDRESS** |
| Primary email contact |       |       |
| Secondary email contact |       |       |

**TEAM COORDINATOR** (Name with contact number(s)

|  |
| --- |
|       |

**CLINICAL DIRECTOR** (Name with contact number(s)

|  |
| --- |
|  |

**SPONSORING AGENCY**

|  |
| --- |
|  |

**TEAM ACTIVITY SINCE LAST REPORT**

|  |  |
| --- | --- |
| **Number of pre-incident activity** (Awareness/Orientation/education programs)  |  |
| **Number of CISM responses during past year** | **1 on 1** |  | **Defusings** |  | **Debriefings**  |  |
| **Other activity (Specify)** |  |

**Total team mambership consisting of the following designations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total # of team members** |  | **Mental Health** |  | **Peer** |  |
| Masters level |       | Doctorate level |       | Other (Specify) |  |

**Classification of team members (only one classification per person)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fire only** |  | **Rescue only** |  | **EMS only** |  |
| **Law enforcement**  |  | **Fire/Rescue/EMS** |  | **Communications** |  |
| **Nurse** |  | **Physician** |  | **Chaplain** |  |
| **Other** (Describe)      |  |

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**TEAM MISSION What group(s) does your team *primarily* serve?**

*All emergency services*  [ ]  Fire service [ ]  EMS [ ]  Fire/Rescue/EMS [ ]  Law enforcement [ ]

 Hospital staff [ ]  Airline [ ]  School [ ]  Private industry [ ]  Military [ ]  Community [ ]

|  |  |
| --- | --- |
| Other [ ]  (Describe) |       |

Does the team follow the “ICISF Model” for interventions and team management structure?

Yes [ ]  No [ ]  If no please describe model or method below:

|  |
| --- |
|       |

Are any members of your team fluent in other languages? (Occasionally ICISF gets a request to assist someone to assist where another language might be helpful.) Please list them below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language(s) | Mental Health | Peer |  |  |
|       |       |       | Phone Consultation [ ]  | Possible Travel [ ]  |
|       |       |       | Phone Consultation [ ]  | Possible Travel [ ]  |
|       |       |       | Phone Consultation [ ]  | Possible Travel [ ]  |

The ICISF Hotline receives requests for interventions from individuals or others that are not Emergency Services Based.

Please notify for Incidents requiring prompt response [ ]  Non-emergency requests [ ]  All requests [ ]

We will assist non-emergency requests directly: Yes [ ]  No [ ]  or indirectly: Yes [ ]  No **[ ]**

The current policy at ICISF has been to NOT release CISM team data for general non-emergency purposes unless prior approval has been obtained from the team.

Do you want ICISF to release your CISM Team contact information to any individual or agency that requests this information from ICISF?Yes [ ]  Release information to other CISM teams only?**[ ]**

If “To other CISM teams only” is checked, any incoming request will be forwarded to you for consideration. ICISF would appreciate if you would advise us of your action or non-action.

|  |
| --- |
| **Information provided by:**  |

**It is essential that accurate phone numbers, names, and email addresses be given to persons calling the HOTLINEfor assistance.  ICISF requires teams to update this information ANNUALLY to remain on the “Current” listing of HOTLINE teams on the ICISF website.**

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