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| **ICISF CISM TEAM INF0RMATION FORM** |

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

*Save file and email to* *cismteams@icisf.org*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 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) |       |

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 |
|       |       |       |
|       |       |       |
|       |       |       |

The ICISF 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.

**(DOC 2022)**