

Unitarian Universalist Trauma Response Ministry
MEMBERSHIP APPLICATION

1. Personal Information

Name _____

Address _____
(No. and Street)

(City) (Zip)

Phone Home (____) _____ Work (____) _____
Cell/Pager (____) _____

Email address _____

Employer _____

Work Address _____
(No. and Street)

(City) (Zip)

UU Congregation _____
(Name) (City) (State/Province)

2. Interest: What kind of work are you interested in doing with UU Trauma Response team?

Direct Support

- ____ response team member (going to site, debriefing, spiritual support)
- ____ trainer/presenter (on-site post event, off-site pre-incidence, guidance)
- ____ consultant: *area of specialty* _____
- ____ other: _____

Non-Direct Support

- ____ support personnel (secretarial on/off site, data processing, phoning)
- ____ pulpit coverage
- ____ committee work
- ____ website development/maintenance
- ____ newsletter development/production
- ____ grant writing

- fund raising
 follow up (care packages, congregational outreach)
 training material preparation
 other: _____

3. **Membership in Emergency Service Organizations?** (List names/dates)

4. **Supplemental Information**

- (a) Have you ever experienced a disaster or critical incident? YES or NO? If YES, describe what happened and your thoughts and feelings.

Describe what action(s) you took to cope with the incident.

- (b) Have you ever responded to a disaster/critical incident? YES or NO? If YES, describe in what role.

Have you been debriefed?

- (c) How did you hear about the UU Trauma Response team?

- (d) UU Trauma Response Ministry is dedicated to providing spiritual based responses to crises, both on-scene and off-scene. Why are you interested in doing this work?

(e) What assets do you feel you could bring to the process if you were a team member?

(f) Comments or additional information about yourself that the UU Trauma Response Ministry should know (including special abilities)

(g) How much flexibility do you have to respond to a 12-72 hour notice?

(h) List any foreign languages you are able to use (including sign language)

5. **References:** List up to three (3) references that can support your role on this team. Please make one personal, one professional and one ministerial.

Name	Address	Phone	Relationship
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(Signature)

(Date)

RETURN, along with \$10 application fee (checks payable to UU Trauma Response Ministry) TO:

Rev. Nannene Gowdy
29 Mount Lebanon Rd
Pepperell, MA 01463
ngowdy@aol.com