



Membership Application

1. Personal Information

Name _____

Address _____
(Number and Street)

(City) (State) (Zip)

Phone (Home) (____) _____ (Work) (____) _____

(Cell/Pager) _____

email address: _____

Employer _____

Work Address _____
(Number and Street)

(City) (State) (Zip)

UU Congregation: _____
(Name)

(City) (State/Province)

Emergency Contact:

(Name) (relationship)

(phone) (email)

2. UUTRM Areas of Interest

What kind of work are you interested in doing with UU Trauma Response?

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. Member of any Emergency Response Organizations: (List names/dates)

4. Training

(a) What is your professional background and training (List names/dates)

(b) Check if you have taken any of the following trainings:

- Pastoral Crisis Intervention (CISM/ICISF)
- Group Crisis Intervention (CISM/ICISF)
- Individual/Peer Crisis Intervention (CISM/ICISF)
- Suicide Prevention, Intervention & Postvention
- Crisis Response Training (NOVA)
- ICS-100 (FEMA)
- Other crisis intervention training: _____

If yes, please send copies of certificates with this application.

5. SUPPLEMENTAL INFORMATION

(a) Have you ever experienced a disaster or critical incident? YES or NO
If YES, please describe what happened, 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 received post-action staff support? _____

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

(d) UU Trauma Response Ministry is an organization dedicated to providing spiritually 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 information about yourself that UUTRM should know (including any special abilities)

6. How much flexibility do you have to respond with 12-72 hours notice?

7. List any foreign languages you are able to use (including sign-language):

8. Enclose three (3) letters of reference that can support your role on this team. Please make one personal, one professional, and one ministerial (for clergy).

9. Enclose attached Background Check Form.

RETURN, along with \$35 application fee (checks payable to UU Trauma Response Ministry) to UUTRM Membership Coordinator:

Jacqui Williams
8 Grandview Terrace
Albany NY 12202

***Your application is subject to review and acceptance.
If you are not accepted your application fee will be returned.***

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Unitarian Universalist Trauma Response Ministry

BACKGROUND INVESTIGATION CONSENT

I, _____ (applicant complete name), hereby authorize the Unitarian Universalist Trauma Response Ministry and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, if applicable, during the tenure of my volunteering or employment with the Unitarian Universalist Trauma Response Ministry.

I release the Unitarian Universalist Trauma Response Ministry and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full name (printed)

Maiden name or other names used

Present street address

How long?

City/State

Zip

Date of birth

Social Security #

Driver's license #

State of license

Signature

Date