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| **CRITICAL INCIDENT Peer SUPPORT PERSON Application** | | | | | | | | | | | | | | | |
|  | **note: This Application consists of THREE parts. ALL forms must be signed and submitted AS one package:**  **1. critical incident Peer SUPPORT PERSON Application**  **2. STATEMENT OF UNDERSTANDING**  **3. SUPERVISOR AND COMMANDER STATEMENT OF UNDERSTANDING** | | | | | | | | | | | | | |  |
| **IN COMPLIANCE WITH THE PRIVACY ACT OF 1974, THE FOLLOWING INFORMATION IS PROVIDED: DISCLOSURE IS VOLUNTARY. THE PURPOSE FOR COLLECTING DATA IS TO DETERMINE BACKGROUND INFORMATION RELEVANT TO THE PEER SUPPORT PERSON ROLE. FAILURE TO FURNISH DATA WILL RESULT IN EXCLUSION FROM CANDIDACY.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **NAME:** | |  | | | | **UNIT:** | | |  | | | | | | |
| **MAILING ADDRESS:** | |  | | | | **RANK:** | | |  | | | **PCS DATE:** | |  | |
| **COMMANDING OFFICER NAME & PHONE NUMBER:** | | |  | | | | | | |
| **DUTY TITLE & BRIEF JOB DESCRIPTION:** | |  | | | | | | | | | | | | | |
| **HOME PHONE:** | |  | | **CELL PHONE:** |  | | | | | | **DUTY PHONE:** | |  | | |
| **PLEASE PROVIDE ANSWERS TO EACH OF THE QUESTIONS BELOW. IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET TO THIS APPLICATION. THE EMPLOYEE ASSISTANCE PROGRAM COORDINATOR WILL DISCUSS YOUR ANSWERS WITH YOU IN PRIVATE. YOUR ANSWERS WILL NOT BE SHARED WITH AN OUTSIDE AGENCY WITHOUT YOUR PRIOR KNOWLEDGE.** | | | | | | | | | | | | | | | |
| **1. describe what motivates you to VOLUNTEER AS a Peer SUPPORT PERSON?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **2. What skills, education or life experience do you have that would help you serve effectively as A PEER SUPPORT PERSON?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **3. In what ways would YOU benefit personally from your training and service as a peer SUPPORT PERSON?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **4. Based on your current understanding of the responsibilities of A PEER support person, what aspects of this role do you think could be difficult or challenging for you?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **5. Are you willing and able to commit to the training and time that IS required to assist persons that have been involved in or affected by a critical incident?**  **YES**  **NO** | | | | | | | | | | | | | | | |
| **6. What other volunteer activities ARE you currently INVOLVED IN?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **7. have you suffered a major loss within the preceding 12 months or do you have any current significant stressors in your work or personal life?**  **YES  NO**  **If yes, how do you manage that stress?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **8. Have you or anyone close to you experienced a significant personal trauma?**  **YES  NO**  **IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION.**  *(Note: A great MANY PEERS, ADVOCATES or caregivers have been made stronger in their service to others by the care they themselves have received, including care from mental health professionals. This program affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. A response to this question is requested in order that the employee assistance program COORDINATOR who will supervise and assign peer support persons can most effectively match peers to incidents.)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **9. do you Have at least 2 years remaining at your current unit?** | | | | | | | | | | | | | | | |
| **10. Have you been recommended by your commanding officer to be a peer support person?** | | | | | | | | | | | | | | | |
| **11. Please provide TWO references who are not family members who have known you for more than 2 years and can attest to YOUR character:** | | | | | | | | | | | | | | | |
| **NAME:** | | |  | | | | **NAME:** | | |  | | | | | |
| **STREET:** | | |  | | | | **STREET:** | | |  | | | | | |
| **CITY STATE ZIP:** | | |  | | | | **CITY STATE ZIP:** | | |  | | | | | |
| **RELATIONSHIP:** | | |  | | | | **RELATIONSHIP:** | | |  | | | | | |
| **HOME PHONE:** | | |  | | | | **HOME PHONE:** | | |  | | | | | |
| **WORK PHONE:** | | |  | | | | **WORK PHONE:** | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| **The information I have provided in this application is true and complete to the best of my knowledge. I agree to serve as a Peer support person and to function within the boundaries of Coast Guard policy and assigned responsibilities. I give permission for the Employee Assistance Program COORDINATOR to call my references, and if necessary, to consult with my supervisor regarding my ability to perform these responsibilities.** | | | | | | | | | | | | | | | |
| **SIGNATURE:** | | | | | | | | **DATE:** | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **for office use** | | | | | | | | | | | | | | | |