

# Colorado Crisis Support Team Network Application For Team Membership



## I. Team Administration

Team Name \_\_\_\_\_

Team Phone (emergency) \_\_\_\_\_ (non-emergency) \_\_\_\_\_

Team Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sponsoring Agency(s) \_\_\_\_\_

Clinical Coordinator \_\_\_\_\_

Administrative Coordinator \_\_\_\_\_

## II. Team Training (Please attach a training schedule and detailed outlines of all course content)

Dates, location & instructors \_\_\_\_\_

Dates, location & instructors \_\_\_\_\_

## III. Charges

Do you charge for debriefings? \_\_\_\_\_ If yes, \$ \_\_\_\_\_

Do you charge for inservices? \_\_\_\_\_ If yes, \$ \_\_\_\_\_

## IV. Service Area

What area(s) do you plan to serve? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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### V. \*Team Members (cont'd)

<u>Name and Title</u>	<u>Agency</u>	<u>Date Trained</u>
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Hospital/Medical

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Dispatchers

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Others

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\* Team members may appear in more than one category

### VI. **Membership Selection**

Please describe your membership selection process.

Written application \_\_\_\_\_

Application Review only \_\_\_\_\_

Interview \_\_\_\_\_

Reference check \_\_\_\_\_

Other (please describe) \_\_\_\_\_

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### VII. Range of Services

Do you serve the following groups?	<u>Yes</u>	<u>No</u>
Law Enforcement	_____	_____
Fire	_____	_____
EMS	_____	_____
Hospital Staff	_____	_____
Mental Health Agencies	_____	_____
Dispatchers	_____	_____
Other (please specify) _____		
Please explain any "No" answers _____		

### VIII. Please attach team protocols

### IX. Please attach training schedule and detailed outlines for all course content

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date