

**APPLICATION
forYOU Team Membership**



Individuals interested in pursuing membership in the forYOU Team will be asked to complete this application for review by the Membership/Team Structure Committee.

I. Personal Information

Name _____

Address _____

City _____ State _____ Zip Code _____

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

II. Education Information

Highest degree of education received _____

Degree received _____ Year _____

III. Employment Information

Current unit/department _____ Current title _____

Primary shift worked _____ Clinical experience (years) _____

IV. Clinical experience

What experience do you have in providing any of the following? (Include specific information about those experiences that are applicable to you)

- a. Individual Counseling/Coaching
- b. Small group work
- c. Stress Management
- d. Training or education in other areas (please specify areas)

How did you hear about the forYOU Team?

Why would you like to become a member of the forYOU Team?

Comments or additional information you would like us to know about you to aid in the forYOU Team selection process.

I would like to be considered for the role of forYOU team peer supporter.

Applicant's Signature _____ *Date* _____

I endorse this applicants request to join the forYOU team.

Manager Signature _____ *Date* _____

Agreement of Understanding
forYOU
Team Membership

I, _____, agree to serve as a **forYOU Team** for a minimum of one year.
I agree to the following commitments:

1. Attend mandatory forYOU Team initial training session as scheduled.
2. Participate in forYOU team interventions, meetings and education presentations (estimated at 3-5 hours) per quarter.
3. Attend a minimum of 50% of monthly forYOU team meetings per year.
4. Complete report for each encounter in a timely manner.
5. Maintain strict confidentiality regarding delivery of crisis support services, including topics discussed and personnel involved. Refrain from taking personal notes regarding case specific information. Any breach in confidentiality will result in immediate removal of the individual from the team.
6. Abide by the established team protocols and operational guidelines.
7. Provide at least a four week notice to the forYOU team facility lead in voluntary separation situations.

I have read and understand these commitments and agree to serve as a member of the forYOU Team for a one-year period.

forYOU Team Applicant (Signature)

(Date)

The forYOU Team Coordinator and Facility Lead(s) agree to the following commitments to team members:

1. Provide the initial/formal forYOU Team training for new members.
2. Provide ongoing educational support.
3. Offer support to team members after forYOU team activation as necessary.
4. Regularly evaluate team operations and membership.
5. Arrange 24 hour/7days a week access via text pager.

Team Facility Lead (Signature)

(Date)

Team Coordinator (Signature)

(Date)