



24/7 Hotline: 404-419-6506
Website: <http://www.GCISF.org>

Dear Prospective Member/Responder:

The Georgia Critical Incident Stress Foundation, Inc., (GCISF) would like to thank you for your interest in becoming a part of our organization. Below you will find our GCISF Response Matrix – this is used to indicate the courses that are required for our members to become responders to critical incidents.

Please note that the Matrix lists both ICISF courses, as well as FEMA/NIMS courses.

Past Requirements (2009) Current Requirements (2010)

| | Individual | Group | Advanced Group | Suicide | Pastoral Crisis 1 | Pastoral Crisis 2 | Strategic Planning | NIMS 100/200 | NIMS 300/400 |
|--|-----------------------|-----------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Public Safety Peers <i>(Fire, EMS, 911 Dispatcher, Nurse, Law Enforcement)</i> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| Chaplain <i>(Public Safety, Lay Minister)</i> | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| Chaplain <i>(Professional)</i> | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| Mental Health <i>(Licensed Psychologist, PhD, Therapist)</i> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| Peer Team Coordinators | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Mental Health Facilitator | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

We welcome anyone who would like to become a member and supporter of GCISF. GCISF is a 501 (c)(3) not-for-profit, limited membership foundation dedicated to the prevention and mitigation of disabling stress through the provision of education, training, crisis support services and coordination for all populations. We provide psychological first aid to all emergency workers and providers, as well as schools, communities, and organizations outside the field of emergency services.

If you would like to become a member of GCISF, our membership application is attached. Please complete it fully and mail it with the required items to the address indicated.

Thank you again for your interest and please do not hesitate to contact any of our staff members if you have questions!



24/7 Hotline: 770-288-7900
Website: <http://www.GCISF.org>

Membership Application - New Member Renewal

| | | |
|--------------------|--------------------|--|
| Last Name _____ | First Name _____ | Preferred Name _____ |
| Home Address _____ | City _____ | |
| State _____ | Zip _____ | County _____ |
| Home Phone _____ | Mobile Phone _____ | Preferred? <input type="checkbox"/> Home <input type="checkbox"/> Mobile |
| Agency _____ | Position _____ | |
| Work Address _____ | City _____ | |
| State _____ | Zip _____ | County _____ |
| Work Phone _____ | Email _____ | |

Are you a local team member? Yes No

- | | |
|--|---|
| <input type="checkbox"/> Cherokee County CISM | <input type="checkbox"/> North East Metro CISM |
| <input type="checkbox"/> Cobb County CISM | <input type="checkbox"/> Rome/Floyd County CISM |
| <input type="checkbox"/> DeKalb County CISM | <input type="checkbox"/> Savannah CISM |
| <input type="checkbox"/> East Georgia Crisis Support Network | <input type="checkbox"/> Southern Crescent CISM |
| <input type="checkbox"/> Gwinnett County CISM | <input type="checkbox"/> Other: _____ |

Discipline:

- | | |
|---|---|
| <input type="checkbox"/> Firefighter/EMT/Paramedic | <input type="checkbox"/> 911 Dispatcher |
| <input type="checkbox"/> Police Officer | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Sheriff's Deputy | <input type="checkbox"/> EMA |
| <input type="checkbox"/> Mental Health Professional | <input type="checkbox"/> CERT Team Member |
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Other: _____ |

Documentation needed to complete application:

- ICISF course completion certificates
- FEMA/NIMS course completion certificates
- Current licensure or certification documents for Mental Health Professionals
- 2010 Annual Dues in the form of check or money order for **\$40** made payable to: **GCISF**

Please send all documentation to:

Georgia Critical Incident Stress Foundation (GCISF)
1587 Phoenix Boulevard
Suite 5
Atlanta, GA 30349