



Pee Dee Crisis Response Team Volunteer Application

Full Legal Name: _____

Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Age: _____ (must be 18) Marital Status: _____ # Kids in the Home: _____

Employer: _____ Occupation: _____

CHURCH AFFILIATION:

I attend: _____ Years Attending: _____

I attend church services: Weekly Regularly Occasionally Rarely

I am baptized: Yes No I am officially a member of this church: Yes No

Current church responsibilities: _____

Who on the church staff or leadership team can we contact as a reference:

Name: _____ Role: _____ Contact Info: _____

AREA OF INTEREST:

Is there a specific area of the Pee Dee Crisis Response Team where you would like to serve?

All or any position that would be helpful, including possible chaplain roles

CISM Team Police Chaplain Fire Chaplain EMS Chaplain

Hospital Chaplain General Volunteer Chaplain Admin Support

General Volunteer Other/Describe: _____

How did you hear about the Pee Dee Crisis Response Team? _____

NEXT STEPS:

If you indicated interest in a CISM or Chaplain volunteer role: Please continue and complete pages 2-3 of this application. The full application is required.

If you indicated interest in a general volunteer role (admin support, etc): Page 1 is all that is required. Thank you! Please email your application to PeeDeeCR@gmail.com.

**CONTINUED APPLICATION
FOR CHAPLAIN OR CISM VOLUNTEER ROLES (Pages 2-4)**

Why do you desire to serve as a volunteer chaplain? _____

Please check-mark any ministry or vocational areas where you have previously served and/or received training. Describe the training received and dates served:

**Please provide proof of training with this application (copies of certificates, etc)*

<input type="checkbox"/>	<u>MINISTRY AREA</u>	<u>DESCRIBE TRAINING RECEIVED</u>	<u>DATES SERVED</u>
<input type="checkbox"/>	Pastor		
<input type="checkbox"/>	Chaplain		
<input type="checkbox"/>	Christian Counselor		
<input type="checkbox"/>	Law Enforcement		
<input type="checkbox"/>	Military		
<input type="checkbox"/>	Fire		
<input type="checkbox"/>	Emergency Response		
<input type="checkbox"/>	Hospice Worker		
<input type="checkbox"/>	Marriage Ministry		
<input type="checkbox"/>	Youth/Children Worker		
<input type="checkbox"/>	Prayer Intercessor		
<input type="checkbox"/>	First Aid/CPR		
<input type="checkbox"/>	Critical Incident Stress Management (CISM)		

Please describe your experience working with disasters, grief, trauma, or crisis intervention:

Do you have any physical, emotional, medical, or spiritual limitations that would hinder your involvement in responding to a critical incident? If yes, please explain.

List any languages that you speak fluently in addition to English: _____

List your other community affiliations: _____

SPIRITUAL INFORMATION

Please explain your personal salvation experience in the Lord Jesus Christ.

Please describe how you have grown spiritually since your decision to follow Jesus Christ.

What has been the hardest moment in your spiritual walk with Christ?

How has God healed, sustained, comforted, and/or moved you past this moment?

According to 1 Peter 3:15, "Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect." (NIV) How would you answer if someone asked you, "What must I do to have a personal relationship with Jesus Christ, to experience His hope and comfort?"

Yes No I would be comfortable asking someone if they desire prayer.

Yes No I would be comfortable praying with them if they said yes.

Yes No I would be comfortable refraining from prayer if they said no.

Yes No I would be comfortable asking permission before holding their hand, shoulder, etc. during prayer or while giving comfort.

Yes No I would be able and willing to answer someone's questions about trauma, grief, death, salvation, heaven/hell, etc. in a crisis response.

Yes No I would be able and willing to interact with someone and remain calm while they displayed symptoms of grief, such as crying, anger outbursts, difficulty focusing, fidgeting, irritability, etc.

Thank you!

Please email your completed application, along with 2 references, to PeeDeeCR@gmail.com.