



Michigan Athletic Trainers Society
ATs Care Team Member Application



PERSONAL INFORMATION:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone

Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

E-mail: _____

EMPLOYMENT INFORMATION: (Feel free to enclose a professional resume)

Current Employment

Company Name: _____

Address: _____ City: _____

Brief Job Description: _____

Years in current position: _____ Years as a Certified Athletic Trainer: _____

CISM TRAINING INFORMATION: (Check the training that you have completed. Please attach course completion documentation)

____ Assisting Individuals in Crisis Date of Completion: _____

____ Group Crisis Intervention Date of Completion: _____

Additional CISM Courses Completed: _____

ADDITIONAL INFORMATION

1. With what activities outside of your profession are you currently involved in, or do you anticipate involvement in the next year?

2. What exposure have you had to emergency medical situations, psychological crisis, multiple trauma, or mass casualty incidents?

3. What happened?

4. How did the encounter affect you?

5. How did you hear about MATS ATs Care?

6. Why do you want to be a member of the MATS ATs Care Team?

7. What assets would you bring to the MATS ATs Care Team?

8. What assets would you bring to the CISM process?

9. Comments or additional information you would like us to have about you to aid in the ATs Care Team selection process.

10. How much flexibility do you have to go on interventions or make individual phone calls on a 1 – 48 hour notice?

11. List stress management techniques that you have used effectively.

REFERENCES

Please list three professional references, not related to you.

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