



STATEMENT OF UNDERSTANDING

I, _____ agree to serve as a CARE FOR COLLEAGUES Team member for a minimum of one year.

I agree to the following commitments:

1. Attend mandatory CARE FOR COLLEAGUES Team initial training session as scheduled.
2. Participate in CARE FOR COLLEAGUES Team interventions, meetings and education presentations (estimated at 3-5 hours per quarter).
3. Attend a minimum of 50% of CARE FOR COLLEAGUES 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 CARE FOR COLLEAGUES Team facility lead in voluntary separation situations.

I have read and understand these commitments and agree to serve as a member of the CARE FOR COLLEAGUES Team for a one- or two-year period (*check below*).

Commitment: One year Two years

CARE FOR COLLEAGUES Team Applicant Signature

Date

The CARE FOR COLLEAGUES Team and Facility Lead(s) will provide the following to team members:

1. Provide the initial/formal CARE FOR COLLEAGUES Team training for new members.
2. Provide ongoing educational support.
3. Offer support to team members after CARE FOR COLLEAGUES Team activation as necessary.
4. Regularly evaluate team operations and membership.
5. Arrange 24 hours a day/7 days a week access.

Individuals who are interested in pursuing membership on the CARE FOR COLLEAGUES Team must complete this application. The Membership/Team Structure Committee will review the application.

I. Personal Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

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

Work Email _____

II. Education Information:

Highest education degree received _____ Date degree received _____

III. Employment Information:

Current unit/department _____

Do you have experience in the following (not required)? Include specific information about those experiences that are applicable to you.

- a. Individual counseling/coaching c. Stress management
 b. Small group work d. Training or education in other areas (please specify)

How did you hear about the CARE FOR COLLEAGUES Team?

Why would you like to become a member of the CARE FOR COLLEAGUES Team?

Comments or additional information you would like us to know about you to aide in the CARE FOR COLLEAGUES Team selection process.

I would like to be considered for the role of CARE FOR COLLEAGUES Team peer supporter.

Applicant's Signature _____ **Date** _____

Print Name _____

I endorse this applicant's request to join the CARE FOR COLLEAGUES Team.

Supervisor's Signature _____ **Date** _____

Print Name _____

Scan completed application and send to: EAPInfo@shands.ufl.edu