

RUTGERSUniversity Behavioral
Health Care**Traumatic Loss Coalitions for Youth
Lead Response Team****Application**ubhc.rutgers.edu/TLC

732-235-2810



I would like to be on the following County Team(s) _____

Mailing Information

Last Name: _____ First Name: _____

Work Address:

School/Agency: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Telephone numbers in which we can contact you:

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Cell phone: (_____) _____

*E-Mail: _____

Emergency Contact

In the event of an emergency while responding, please list an emergency contact we can contact.

Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone: _____

Professional Affiliation

Which best describes your professional affiliation (check all that apply):

 Clergy School Counselor/Guidance County Health Department DCP&P. Social Worker Juvenile Justice System Law Enforcement Professional Counselor Victim Witness Advocate Teacher Recovery Counselor Private Practice Clinician Other: _____

Previous Training related to Trauma Response

- Post Traumatic Stress Management by Dr. Macy
- NIMS-IS-700 & ICS-100
- Red Cross Disaster Mental Health
- TLC's Managing Sudden Traumatic Incidents
- Other: _____
- TII/CBI Training
- Psychological First Aid
- Critical Incident Stress Management

Past Experience

Do you have any experience responding to trauma or disasters? Yes No If yes, please describe:

NJ State Disaster Response Crisis Counselor

Are you certificated in the New Jersey State Disaster Response Crisis Counseling? Yes No

TLC LRT Member Expectations

TLC LRT Members responsibilities/expectations:

- Complete the mandatory two day training: "TLC Managing Sudden Traumatic Incidents in Schools and Youth Serving Organizations"
- Keep county coordinator informed of current contact information
- Respond to county coordinator's deployment requests (yes, no and available hours) as soon as possible
- Report to designated site at committed time and check in with coordinator or designee
- No self-deployment, wear TLC lanyard when responding as TLC LRT
- No distribution of personal business cards during a response
- Maintain Confidentiality (Sign Confidentiality Agreement at the completion of training)
- Complete response documentation as needed
- Minimally attend two LRT county meetings
- Respond to a minimum of 2 responses a year if needed
- Participate in ongoing training

I agree the information provided is accurate. I understand the expectations and that I at the completion of the training will sign a Confidentiality Agreement.

Name

Date

Thank you for applying to be on the TLC LRT. The hope and healing you provide to those in need is appreciated. We will forward you information on the next training once we receive your application.

Please return to: Barbara Maronski at tlcfy@centerffs.org