

The Children's Trauma Recovery Foundation

COMMUNITY SERVICES

Name: _____

SS#: _____ License # (If applicable): _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Pager: _____

Email: _____

Employer: _____

Job Title: _____ Phone: _____

Employer Address: _____

Date of PTSM Basic Training: _____

Do you speak a foreign language? If so, what language(s)? _____

Have you completed EMDR Level I and/or Level II training(s)? If so, when? _____

What is the primary population that you serve in your job? _____

What are your hobbies, areas of interest or additional skills? _____

How did you hear about the Community Services Program? _____

What is your reason for applying? _____

List experience with PTSM:

Please feel free to attach additional information about your experience.

(Over)

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If accepted, what are your hours of availability? *Please place an X next to the day and time you are available.*

| DAY: | AM 9-1 | PM 1-5 | EVENINGS |
|-----------|--------|--------|----------|
| Monday | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ |

REFERENCES:

1. NAME: _____ PHONE: _____
2. NAME: _____ PHONE: _____

Please attach a current resume to the back of this application.

SIGNATURE: _____ DATE: _____