

Peer Support Team Application

Name: _____
(LAST) (FIRST) (MIDDLE INITIAL)

City of Residence: _____

Contact Number(s):

Home Number: _____ Cell Number: _____

Years of FFD Service: _____

Probationary Period Completed: Yes No

Adverse Action in Past Two Years: Yes No

Current Assignment: _____ Shift _____

Supervisors: (Please list current and former supervisors for the past year)

1) _____ 2) _____

3) _____ 4) _____

Peer References: (Current FFD Employees)

1) _____

2) _____

3) _____

Special Qualifications/Training: _____

Reason(s) for volunteering to be a member of the PST: _____

Signature: _____ Date: _____

By signing this application, I authorize the PST Team Leader to review my Supervisory and Personnel Files