



**Stress Management  
Assistance Response Team  
(SMART) Member  
Application**

Thank you for your interest in becoming a Peer Support Member for first responders. This role is crucial in providing confidential support to the first responders in Schoharie County. Please fill out the application form below to the best of your ability.

## Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Home Address: \_\_\_\_\_

## Employment Information

- Current Employer: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Years of Service: \_\_\_\_\_
- Work Address: \_\_\_\_\_
- Work Phone Number: \_\_\_\_\_

## Background and Experience

Have you previously been involved in any peer support or counseling roles?

Yes / No

If yes, please describe your experience:

Have you completed any relevant training or certification in peer support, counseling, or mental health? \* Please note there is a minimum level of training required to be completed in a timely manner upon joining SMART Peer to Peer. \*

Yes / No

If yes, please specify:

Why do you want to become a Peer Support Member for first responders?

What strengths or qualities do you possess that would benefit your peers in a support role?

# Availability

Currently, we attend required monthly SMART meetings as well as various fund raising events and community outreach events. Are you available to meet this requirement?

- Yes / No

Are you available for emergency call-outs?

- Yes / No

# References

Please provide contact information for two professional references who can speak to your suitability for this role.

1. **Reference 1:**

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

2. **Reference 2:**

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

# Consent and Declaration

- **I hereby declare that the information provided above is true and correct to the best of my knowledge.**
  - Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_
- **I consent to a background check as part of the application process.**
  - Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_
- **I acknowledge that confidentiality is the foundation of peer support. I understand that any breach of confidentiality could result in my removal from the team.**
  - Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_

Thank you for your application. Once submitted, our team will review your information and contact you for the next steps. Your dedication to supporting your peers is greatly appreciated.