



OAPFF Peer Support Team Application

Please complete and submit this application along with a letter of support from your Local President.

Name: _____

Phone #: _____ Personal Email: _____

Department/Local #: _____ County: _____

Position & Rank: _____

How long have you been in the fire service? With this department/local? _____

Home Address: _____

Local President Name and Phone: _____

Have you completed the IAFF Peer Support training program? Yes _____ No _____ Date: _____

What other pertinent behavioral health training have you received?

Please provide the name and contact information of two character references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please explain what peer support means to you?

What do you feel are your strongest & most relevant skills that could be used on the peer support team?

Briefly describe your own challenging experiences that you think will benefit you in the role of peer support for your coworkers?

What obstacles or challenges do you feel you may have that could interfere with your participation on the peer support team or to responding immediately to a need?

Explain what confidentiality means to you.

How do you feel you will balance your emotional needs with the responsibilities of the peer support team role and what do you do to practice self-care?

Why do you want to be a part of the Ohio Association of Professional Fire Fighters Peer Support Team?

Is there anything else would you like to add that may be helpful when reviewing your application?

**Please submit completed application along with a letter of support
from your Local President to: joan@oapff.org**