TO:

FROM:

**SUBJECT: Peer Support Team Program and Nomination Form**

**ACTION REQUIRED: Review Peer Support program and complete nomination form.**

In an effort to promote the morale and overall health and wellness of our firefighters, the (department name) Fire Department has taken steps to develop a Behavioral Health/Critical Incident Stress Management program. One of the key components of the program will be the inception of a viable Peer Support Team (PST). In order to have a team, we need members.

The role the (department name) PST will be to support, assist, and if needed, refer employees to resources during difficult times in their personal and/or professional lives. This will include everything from critical incidents to everyday stressors.

Attached please find the Peer Support team member nomination form. Please utilize the form to nominate as many firefighters (up to 10) as you feel would perform the role of a peer supporter well. Ideal peer support candidates are approachable, trustworthy, empathetic, able to maintain confidentiality, and have a genuine interest in helping their peers.

Please complete the attached nomination form and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_

Further information on the role of a peer supporter will be provided to the nominees. If you have any questions about the program or the process, please contact \_\_\_\_\_\_\_\_\_\_\_for further details.

**NOMINATIONS FOR PEER SUPPORTERS**

**Qualifications**

Someone you feel:

1. You could go to with a problem
2. You could trust to maintain confidentiality
3. Is empathetic
4. Possess strong interpersonal skills
5. Is a good listener

Selections can be from all ranks. Please nominate as many firefighters as you feel would perform well, up to 10.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Your Name (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_