



Virginia Department of Behavioral Health & Developmental Services

Virginia Department of Behavioral Health and Developmental Services Virginia Disaster Behavioral Health Team (DBHT) Application

To the Applicant: Acceptance to the DBHT is at the discretion of the DBHDS Coordinator, based on the applicant's suitability to successfully carry out the mission of the DBHT. Factors related to suitability are evaluated holistically and include, but are not limited to, meeting the minimum training requirements, possessing or the ability to obtain relevant experience, and the capacity to successfully provide DBH services in high stress environments.

Section I Contact Information

Name

Phone Number (Where you can most easily be reached)

Email (Where you can most easily be reached)

City/County of Residence

Section II Employment and Licensure

Current Employment

Do you hold any professional licenses or certifications in Virginia? Yes ___ No ___

Please List

Section III Training Requirements

Please list any disaster or crisis related training or affiliation and date received

Have you completed the Following FEMA Independent Study (IS) Courses?

IS 100 (Team Member Req.) ___ Yes ___ No Date Completed _____

IS 200 (Team Leader Req.) ___ Yes ___ No Date Completed _____

IS 700 (Team Member Req) ___ Yes ___ No Date Completed _____

IS 800 (Team Leader Req.) ___ Yes ___ No Date Completed _____

Section IV Interests & Disaster Response Experience

Please tell us a little about your interest about joining the DBHT.

Please tell us about your previous disaster behavioral health response(s) experience(s).

What activities do you do enjoy outside of work/volunteering?

Have you discussed the possibility of being deployed for several days with family and workplace? ___ Yes ___ No

Section V References

Please provide contact information for at least one professional and one personal reference

Reference Name	Relationship	Email	Phone
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- 1.
- 2.

Applicant Signature

Date