Appendix L
Wellness Lead / Peer Support / Resilience Officer Information Form

Purpose

This form collects basic information for peer support and wellness team members to support coordination, communication, and program logistics. This is not a clinical document and should not include personal or sensitive information.

Team Member Information

Name: _____ Rank / Position: _____

Phone: _____ Shift / Unit: _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Availability

General Availability: ☐ On-duty ☐ Off-duty (as available) ☐ Limited availability
Perferred Method of Contact: ☐ Phone ☐ Text ☐ Email

Uniform / Program Needs

Shirt Size: _____ Jacket Size: _____

Genereal Consideraions

Are there any general situations or topics you would prefer to avoid when possible? (Examples may include certain types of calls or circumstances.)

Additonal Notes (Optional)

Reminder

This form is for internal coordination only and should not include detailed personal history, clinical information, or information related to specific peer support interactions.

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