IAFF Peer Support Training Request

Please complete this form to request the IAFF Peer Support Training. This form must be signed by the president of an IAFF affiliate. Email the completed form to behavioralhealth@iaff.org.

Entity requesting the training

Entity name: IAFF Local #:

Designate a point of contact to be responsible for all logistics and coordination with the IAFF.

First Name: Last Name: Title:

Phone: Email: Org:

Payment Information: What entity (ex: Local, Municipality) will pay for the training?

Entity Name:

Address Line 1:

Address Line 2:

City: State/Province: Zip Code:

The IAFF Peer Support Training is 16 hours on two consecutive weekdays. Requested dates are not guaranteed. The following dates would work for us (leave at least three months lead time):

Choose a training time:

◉ 8:00am- 4:00pm ○ 8:30am-4:30pm ○ 9:00am- 5:00pm ○ Other:

The training will take place at the following address (if exact address has not been determined, write the city and state/province):

Location Name:

Address Line 1:

Address Line 2:

City: State/Province: Zip Code:

To whom should materials be shipped prior to the training?

Name:

Address Line 1:

Address Line 2:

City: State/Province: Zip Code:

Type of Address

○ Hotel ○ Municipal

○ Residential ○ Business

IAFF Affiliate President Name (please print): _____

Signature: _____ Date: _____