



HEALTH, SAFETY, AND MEDICINE DIVISION **INSTRUCTOR APPLICATION FORM**

1. Complete the form and sign. If necessary, you may attach additional pages.

Full name _____ Date _____

IAFF Local Name _____ IAFF Local Number _____

Are you an active IAFF member/Active Retiree? Yes No

Check boxes as necessary:

Peer Support

Responding to the Interface (RTI)

Fit to Thrive (F2T)

Evidence-Based Fire Ground Operations (EFGO)

Fire Ground Survival (FGS)

Shipboard Firefighting

Why do you want to be appointed/reappointed? Include your unique qualifications:

Describe your local/state/provincial involvement that makes you desirable for appointment/
reappointment:

Your Signature _____ Date _____

FOR IAFF OFFICE USE ONLY

Staff met with applicant on: (insert date) _____

Print name of IAFF staff member: _____

AGP Approval _____

Notes:

