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 box for the program you intend to apply to as an instructor:

- ☐ Peer Support
- ☐ Fit to Thrive (F2T)
- ☐ Fire Ground Survival (FGS)
- ☐ Responding to the Interface (RTI)
- ☐ Evidence-Based Fire Ground Operations (EFGO)
- ☐ 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:

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