



IAFF Peer Support Training Request (Virtual)

Complete this form to request the IAFF Virtual Peer Support Training for your local. Trainings are provided to a group of 20 students. If you are interested in attending a virtual peer support training as in individual, do not complete this form. Instead, visit <https://www.iaff.org/peer-support/#find-a-training> to sign up to be notified of the upcoming training dates. 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:		City:
Address Line 1:		State/Province:
Address Line 2:		Zip Code:
Training Dates: The IAFF Virtual Peer Support Training is an 18-hour training over three consecutive weekdays. After returning this form, a contract for training will be drafted and returned to the designated point of contact. When the contract is returned to the IAFF fully executed, a training coordinator will work with the entity to schedule the training on mutually agreed upon dates. Scheduled training dates will be a minimum of 10 weeks after the fully executed contract receipt to allow adequate time for logistics and payment.		
Choose a training time:		
<input type="radio"/> 10 a.m. - 4 p.m. ET	<input type="radio"/> 11 a.m. - 5 p.m. ET	<input type="radio"/> 12 p.m. - 6 p.m. ET
<input type="radio"/> Other:		

IAFF Affiliate President Name (please print): _____

Signature: _____ Date: _____