



IAFF Resiliency Training Request (Virtual)

Complete this form to request the IAFF Virtual Resiliency Training for your local. Trainings are provided to a group of 30 students. If you are interested in attending a virtual resiliency training as an individual, do not complete this form. Instead, visit iaff.org/resiliency-training/#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:	Last name:	City:
Address Line 1:	State/Province:	
Address Line 2:	Zip Code:	
The IAFF Resiliency Training (Virtual) is a two-day training that runs from 10 a.m.-4 p.m. ET daily for up to 25 students. 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.		

IAFF Affiliate President Name (please print): _____

Signature: _____ Date: _____