



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: _____