



IAFF Peer Support Training Request Virtual Training

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:	Organization:	
Payment Information: What entity (ex: Local, Municipality) will pay for the training?			
Entity Name:			
Address Line 1:			
Address Line 2:			
City:	State/Province:	Zip Code:	
The IAFF Online Peer Support Training occurs on three consecutive weekdays. Requested dates are not guaranteed. The following dates would work for us (leave at least four months lead time):			
Choose a training time. Please note: Trainings will not begin prior to 10:00am Eastern Time:			
10:00am-4:00pm ET	11:00am-5:00pm ET	12:00pm-6:00pm ET	Other:

IAFF Affiliate President Name (please print): _____

Signature: _____

Date: _____