



IAFF Resiliency Training Request Virtual Training

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 <https://www.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:	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 Virtual Resiliency Training occurs over two consecutive weekdays from 10:00am- 4:00pm EST, unless otherwise requested. Please indicate your requested date options, at least two months in advance:		

IAFF Affiliate President Name (please print): _____

Signature: _____

Date: _____