MnFIRE Instructor Application

Full Name:_____

Department / Organization:_____

Current Role / Rank:_____

Years in the Fire Service:_____

Email Address:_____

Phone Number:_____

Have you previously served as a fire service instructor?

☐ Yes ☐ No

If yes, briefly describe your experience (topics taught, audience, years of experience):

_____

_____

_____

List any relevant certifications, credentials, or instructor qualifications:

(Example: Fire Instructor I/II, Peer Support, CISM, Health & Wellness, Leadership, etc.)

_____

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_____

Why are you interested instructing for MnFIRE?

_____

_____

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RETURN COMPLETED FORM TO: djankovich@mnfireinitiative.com or mail to MnFIRE, PO Box 124, Isanti, MN 55040