



MnFIRE AWARE DEPARTMENT FORM

FIRE DEPARTMENT/MNFIRE AMBASSADOR INFORMATION

Department Name _____ # of Members _____

Department Address _____

City/State/Zip _____

Chief Name _____

MnFIRE Ambassador _____

Ambassador Phone _____ Dept Type (circle one) VOL/POC COMBO FT

Ambassador Email _____

TRAINING INFORMATION – DATES/ATTENDANCE

Awareness Training Date _____ # in Attendance _____

Cancer Training Date _____ # in Attendance _____

Cardiac Training Date _____ # in Attendance _____

Emotional Trauma Training Date _____ # in Attendance _____

CERTIFICATION LEVELS

If your department meets these requirements, you are eligible to earn MnFIRE Aware certification at the following levels:

BRONZE	SILVER	GOLD
<ul style="list-style-type: none"> Conducts annual wellness training on key topics such as diet, fitness, cardiac, cancer and mental health 	<ul style="list-style-type: none"> All Bronze requirements have been met 	<ul style="list-style-type: none"> All Bronze and Silver requirements have been met
<ul style="list-style-type: none"> 80% or more of department members have completed MnFIRE AWARENESS Training 	<ul style="list-style-type: none"> Department has identified a MnFIRE "ambassador" to serve as a liaison and a champion for firefighter wellness 	<ul style="list-style-type: none"> 80% or more of department members have completed MnFIRE "Deep Dive" training on CANCER, CARDIAC and EMOTIONAL TRAUMA.
	<ul style="list-style-type: none"> Department has created a wellness committee to address firefighter safety and health 	

I attest that _____ Fire Department has met the requirements of the BRONZE, SILVER, GOLD (circle one) Level as stated above.

Chief Signature _____ Date _____

Ambassador Signature _____ Date _____